in the absence of long-term follow-up, we cannot comment about the possibility of neurological sequelae. That would require specific investigation, such as brain imaging for detection of cerebral demyelination.

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**Does This Patient Have a Migraine?**

To the Editor: In their Rational Clinical Examination article, Mr Detsky and colleagues evaluated the usefulness of the history and physical examination to determine whether a patient has migraine or some other condition requiring neuroimaging for diagnosis. I agree that patients with migraine do not ordinarily require neuroimaging. However, it is also important to consider that neuroimaging will not always define the illness in patients with other serious types of headache.

In patients older than 50 years with new-onset headache, particularly if there is tenderness of the scalp or head, tests such as measurement of erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) level should be performed to assess for possible giant cell or temporal arteritis. In the presence of this disease, the ESR is usually greater than 50 mm/h and may exceed 100 mm/h, but even if the ESR is 20 to 40 mm/h, giant cell arteritis is still a consideration. In a study of test characteristics, using a cutoff for ESR of 33 mm/h in men and 35 mm/h in women and a cutoff for CRP level of 0.5 mg/dL resulted in sensitivity of 92% and specificity of 92% for detecting temporal arteritis

However, criteria most strongly suggestive of temporal arteritis included a CRP level greater than 2.45 mg/dL (odds ratio of obtaining a positive temporal artery biopsy result, 3.2) and an ESR 47 mm/h or more (odds ratio for a positive biopsy result, 2.0 for an ESR of 47 to 107 mm/h and 2.7 for an ESR greater than 107 mm/h). A temporal artery biopsy is usually necessary to diagnose the condition.

Treatment of patients with temporal arteritis is critical to avoid vision loss, and therapy should be initiated based on clinical suspicion, not biopsy results.

Neuroimaging is unlikely to be helpful in determining the cause of headache in a patient with temporal arteritis.

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1. Detsky ME, McDonald DR, Baerlocher MO, et al. Does this patient with headache have a migraine or need neuroimaging? JAMA. 2006;296:1274-1283.

In Reply: We agree with the suggestion made by Dr Brenner that not all sinister causes of headaches will be discovered by neuroimaging. Examples of such etiologies are temporal arteritis and bacterial meningitis. This emphasizes the importance of thorough history taking and physical examination in a patient with headache. Pertinent findings during this initial portion of the clinical examination may serve to guide further diagnostic tests or therapy.

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**CORRECTION**

Data Error and Incorrect Wording: In the Original Contribution entitled “Survival Associated With Treatment vs Observation of Localized Prostate Cancer in Elderly Men” published in the December 13, 2006, issue of JAMA (2006;296:2683-2693), two tables had data errors and another table had incorrect wording. In Table 3, the fourth quintile of the 10-year overall survival for the observation group should have read 0.61 (0.58-0.65) and in the treatment group, the 10-year overall survival for the fourth quintile should have read 0.68 (0.67-0.70) for the propensity scores and their respective 95% confidence intervals. In the final row of Table 7, the hazard ratio and 95% confidence interval should have read 0.97 (0.94-1.00).

In Table 6, the column head that reads “No. of Patients Who Died” should read “No. of Patients.”