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ERRATUM: Table Correction

Case Characteristics, Hyperacute Treatment, and Outcome Information from the Clinical Research Center for Stroke–Fifth Division Registry in South Korea

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On page 47, the definition of stroke progression was erroneously described in the previous version of article, and the correct definition of "stroke progression" is as following;

Corrected Table 5

END event in neurologically stable patients ≥ 24 hours
- May be attributable to peri-lesional edema
- For cases with ≤ 24 hours after onset, END events not attributable to recurrent stroke

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Table 5. Definitions of outcome variables in the CRCS-5 registry

Outcome variables	Definitions	Operational definitions
END Collected since January 2011	Any new neurological symptoms/signs or neurological worsening within 3 weeks of index stroke Causes of END • Recurrent stroke • Stroke progression • Symptomatic hemorrhagic transformation • Others (deep vein thrombosis, pulmonary embolism, myocardial infarction, etc.) • Unknown	Any of the following; 1) Increase in total NIHSS score ≥ 2[32] 2) Increase in NIHSS subscores 1a, 1b, or 1c (level of consciousness) ≥ 1[33] 3) Increase in NIHSS subscores 5a, 5b, 6a, or 6b (motor) ≥ 1[32] 4) Any new neurological deficit (even unmeasurable by NIHSS scores)[32]
Recurrent stroke for END (within 3 weeks of index stroke)[30,32]	Development of END associated with new lesions documented by relevant neuroimaging study	• Discrete new lesions documented by diffusion-weighted image or computed tomography • If discrete, new lesions within the vascular territory of the index stroke lesion may be counted • Do not count for increased volume of the index stroke lesions • Do not count for edema, mass effect, herniation, or hemorrhagic transformation of the index stroke lesions
Recurrent stroke (late recurrence ≥ 3 weeks following index stroke)[29,31,34-36]	Rapidly developing clinical signs of focal (or global) disturbance of cerebral function, with symptoms lasting 24 hours or longer or leading to death, with no apparent cause other than of vascular origin[37]	Data collected through face-to-face or telephone interview with the patient or next of kin Question: Were you diagnosed with ischemic stroke or hemorrhagic stroke by any doctor after discharge?
Stroke progression[32]	END event in neurologically stable patients ≥ 24 hours • May be attributable to peri-lesional edema • For cases with ≤ 24 hours after onset, END events not attributable to recurrent stroke	
Symptomatic hemorrhagic transformation[32]	END events attributable to documented hemorrhagic transformation and associated with NIHSS score increase ≥ 4 points	
Other causes of END	END events attributable to medical conditions (e.g., deep vein thrombosis, pulmonary embolization, pneumonia, etc.)	
Unknown causes of END	END events not specified above	
Myocardial infarction		For END events (≤ 3 weeks after index stroke, more than two from below; • Typical chest pain • Troponin elevation • ECG changes (new ST segment changes, new Q wave, or new left bundle branch block) For long-term outcomes (≥ 3 weeks after index stroke), data collected through face-to-face or telephone interview with the patient or next of kin • Question: Were you diagnosed with myocardial infarction by any doctors after discharge?
Vascular death	Death due to stroke, myocardial infarction, or sudden death[38,39]	Data collected through face-to-face or telephone interview with the patient or next of kin • No known non-atherosclerotic cause and definite MI or stroke within 4 weeks before death[40] • No known non-atherosclerotic cause and one or both of the following: chest pain within 72 hours of death or a history of chronic ischemic heart disease (in the absence of valvular heart disease or non-ischemic cardiomyopathy)[40] • No known non-atherosclerotic cause and death certificate consistent with CHD as underlying cause[40]
Non-vascular death	Death not attributable to stroke, myocardial infarction, or sudden death[40]	Data collected through face-to-face or telephone interview with the patient or next of kin

END, early neurological deterioration; NIHSS, National Institute of Health Stroke Scale; ECG, electrocardiography; MI, myocardial infarction; CHD, coronary heart disease.

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