Erratum

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This erratum corrects the article "Multivariate Analysis of MRI Biomarkers for Predicting Neurologic Impairment in Cervical Spinal Cord Injury" (J. Haefeli, Mabray MC, Whetstone WD, et al. *AJNR Am J Neuroradiol* 2017;38:648–55 10.3174/ajnr.A5021).

In the original publication, there was an error in the Materials and Methods section on page 649 under the Image Analysis heading related to a description of the Brain and Spinal Injury Center (BASIC) score grading, which erroneously included a description of 6 distinct grades. The corrected version of text for this section is below and describes the correct 5 grades (grade 0 through grade 4) composing the BASIC score.

A neuroradiology fellow (M.C.M.) and attending physician (J.F.T.) performed consensus MR imaging ratings for all metrics while blinded to clinical outcome. The interrater reliability and BASIC axial MR imaging grading have been previously described as follows:[4,30] grade 0, no cord signal abnormality; grade I, T2 hyperintensity confined to GM; grade II, intramedullary T2 hyperintensity extending beyond the expected gray matter margins to involve spinal white matter but not involving the entire transverse extent of the spinal cord; grade III, T2 hyperintensity involving the entire axial plane of the spinal cord; grade IV, grade III injury with the addition of foci of T2 hypointensity consistent with hemorrhage. Sagittal grading was assigned as previously described as follows: grade I, no spinal cord signal abnormality; grade II, single-level T2 hyperintensity; grade III, >1 vertebral-level T2 signal hyperintensity; grade IV, T2 signal hyperintensity with areas of hypointensity representing hemorrhage.[1,19] The greatest length (millimeters) of injury on sagittal T2 was measured as described in the National Institutes of Health/National Institute of Neurological Disorders and Stroke SCI Common Data Elements, Version 1.0.[3] Maximum canal compromise (MCC) and maximum spinal cord compression (MSCC) assessed midsagittal images by dividing the anterior-posterior diameter of the canal (on sagittal T1 for MCC) and the anterior-posterior diameter of spinal cord (on sagittal T2 for MSCC) by the average of the canal or spinal cord above and below as previously described.[8,15,16,22]

The authors regret this error.

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