Letters

COMMENT & RESPONSE

Notice of Retraction and Replacement. Lopes et al. Gamma ventral capsulotomy for obsessive-compulsive disorder: a randomized clinical trial. *JAMA Psychiatry*. 2014;71(9):1066-1076

In Reply On behalf of our coauthors, we are grateful to Dr Baethge for his detailed reading of our study. He is correct that for the primary outcome, we inadvertently misclassified a patient (ATa3) as a responder when indeed that patient was a non-responder. When preparing the table, we inadvertently included in our computation of treatment response a Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score of 36 (the patient's first measure) instead of 30 (the second measure). We defined the baseline Y-BOCS score for this study as the last value obtained before surgery. At that point, all patients knew they would receive the procedure.

Thus, instead of 3 of 8 patients responding in the treatment group at 12 months, 2 of 8 responded compared with 0 of 8 in the control group. Because of this error, the analysis has been redone and we have requested that *JAMA Psychiatry* retract and replace the original article.

In the corrected article, ¹ corrections have been made to the Abstract; Results, Discussion, and Conclusions sections of the text; Tables 2 and 3; Figure 2; and eFigure 3 and eTables 5, 6, and 7 in the Supplement. The article now concludes, "In this preliminary trial, patients with intractable OCD [obsessive-compulsive disorder] who underwent GVC [gamma ventral capsulotomy] may have benefitted more than those who un-

derwent sham surgery although the difference did not reach statistical significance. Additional research is necessary to determine if GVC is better than deep-brain stimulation."

We regret the errors caused by this misclassification as well as the confusion it caused for *JAMA Psychiatry*, readers, and potentially patients.

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