Erratum to: Oxcarbazepine monotherapy in patients with brain tumor-related epilepsy: open-label pilot study for assessing the efficacy, tolerability and impact on quality of life

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An important table was missing in the original publication. It was the table referred to in the Results section (in the first paragraph as the ‘table in the supplemental materials’ and

in the subsection ‘Tolerability’ as ‘Table’). The table is shown in this erratum.

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Table Patients' clinical and vital data

Age (years)	Sex	Histology	Surgery	CT ^a	RT ^a	DP ^a	Seizure types	Previous AED therapy (mg/day)	Reason for changing AED	OXC dosage (mg/day)	Side effects	Duration of OXC therapy (months)	Reasons for drop out	Seizure frequency (end of follow up)	†
1 38	F	LGA	GTR	TMZ	No	No	SP+SGTC	–	–	900	No	12	–	Seizure freedom	No
2 64	F	Gliomatosis cerebri	Biopsy	TMZ	No	No	SP	–	–	1800	No	2	Seizures	Unchanged	No
3 25	M	AO	PR	No	Yes	No	SP+SGTC	PB 100	Psychomotor slowness/seizures	900	Rash	1	Rash during radiotherapy	Seizure freedom	No
4 43	M	AA	Biopsy	TMZ	Yes	No	SP+SGTC	–	–	900	No	12	–	Seizure freedom	No
5 31	M	AA	GTR	TMZ	Yes	No	SP+SGTC	PB 100	Psychomotor slowness/seizures	1800	No	12	–	Reduction ≥ 50%	No
6 75	M	GBM	GTR	TMZ	Yes	Yes	SP	–	–	900	Rash	2	Rash during radiotherapy	Seizure freedom	No
7 35	F	GBM	PR	TMZ	Yes	Yes	CP+SGTC	–	–	1200	No	11	–	Reduction ≥ 50%	Yes
8 36	F	Pilocytic astrocytoma	GTR	No	No	No	SP+SGTC	–	–	900	No	12	–	Seizure freedom	No
9 34	M	GBM	PR	TMZ	Yes	Yes	SP+SGTC	PB 100	Psychomotor slowness/seizures	1800	Dizziness	6	Dizziness	Reduction ≥ 50%	No
10 27	M	AA	GTR	TMZ	Yes	No	CP+SGTC	–	–	1200	Mild rash during radiotherapy	12	–	Seizure freedom	No
11 57	M	GBM	PR	TMZ	Yes	Yes	SP	–	–	1200	Rash	2	Rash during radiotherapy	Reduction ≥ 50%	No
12 49	M	GBM	Biopsy	TMZ	No	No	SP+SGTC	–	–	1200	Confusion	3	Confusion	Reduction ≥ 50%	No
13 45	M	AA	PR	TMZ	Yes	No	SP+SGTC	CBZ 800	Seizures	2100	No	1	Seizures	Worsening	No
14 62	F	AOA	PR	TMZ	Yes	No	SP	–	–	1200	Rash	1	Rash during radiotherapy	Reduction ≥ 50%	No
15 29	M	LGA	Biopsy	TMZ	Yes	Yes	CP+SGTC	–	–	1800	No	7	–	Seizure freedom	Yes
16 52	M	GBM	Biopsy	TMZ, FTMU	Yes	Yes	CP+SGTC	–	–	900	No	12	–	Reduction ≥ 50%	No
17 60	F	Gliomatosis cerebri	Biopsy	No	No	Yes	CP+SGTC	–	–	900	No	2	–	Seizure freedom	Yes
18 47	F	GBM	PR	FTMU	No	Yes	SP+SGTC	PB 100	Periarthritis, psychomotor slowness/seizures	1050	No	8	–	Seizure freedom	Yes
19 66	M	GBM	PR	TMZ, FTMU	Yes	Yes	SP	–	–	600	No	12	–	Reduction ≥ 50%	No

Table continued

Age (years)	Sex	Histology	Surgery	CT ^d	RT ^a	DP ^a	Seizure types	Previous AED therapy (mg/day)	Reason for changing AED	OXC dosage (mg/day)	Side effects	Duration of OXC therapy (months)	Reasons for drop out	Seizure frequency (end of follow up)	†
20	48	F	GBM	PR	TMZ	Yes	No	CP+SGTC	–	900	No	12	–	Seizure freedom	No
21	67	M	GBM	Biopsy	No	No	SP	–	–	900	No	1	Pulmonary complications	Reduction ≥ 50%	No
22	53	F	GBM	GTR	TMZ	Yes	No	SP+SGTC	PB 100	1200	No	12	–	Reduction ≥ 50%	No
23	70	F	Gliomatosis cerebri	No	TMZ	Yes	Yes	CP+SGTC	PB 100	900	No	8	–	Reduction ≥ 50%	Yes
24	62	M	GBM	GTR	TMZ	Yes	No	CP+SGTC	–	1800	No	2	Seizures (status epilepticus)	Worsening	No
25	68	F	MEN	GTR	No	No	SP	PB 100	Somnolence/seizures	1800	No	12	–	Reduction ≥ 50%	No

Histology: *GBM* glioblastoma multiforme, *AA* anaplastic astrocytoma, *AO* anaplastic oligodendroglioma, *AOA* anaplastic oligoastrocytoma, *LGA* low grade astrocytoma, *MEN* meningioma

CT: *TMZ* temozolomide, *FTMU* fotemustine, *RT* radiotherapy, *DP* disease progression

Surgery: *GTR* gross total resection, *PR* partial resection

Seizures types: *SP* simple partial, *CP* complex partial, *SGTC* secondarily generalized tonic-clonic

^a During follow-up