

## Correction to: Clinical Selection Strategies to Identify Ischemic Stroke Patients With Large Anterior Vessel Occlusion: Results From SITS-ISTR (Safe Implementation of Thrombolysis in Stroke International Stroke Thrombolysis Registry)

In the article by Scheitz et al, “Clinical Selection Strategies to Identify Ischemic Stroke Patients With Large Anterior Vessel Occlusion: Results From SITS-ISTR (Safe Implementation of Thrombolysis in Stroke International Stroke Thrombolysis Registry),” which published online ahead of print January 13, 2017, and appears in the February 2017 issue of the journal (*Stroke*. 2017;48:290–297. DOI: 10.1161/STROKEAHA.116.014431), a correction is needed.

On page 290, in the Abstract, the sentence read “Addition of abnormal gaze–face–arm–speech–time (G-FAST) or high scores on other simplified stroke scales increased specificity,” has been changed to read “Addition of the item best gaze to the original FAST score (G-FAST) or high scores on other simplified stroke scales increased specificity.”

On page 290, the correspondence E-mail address read “jan-friedrich.scheitz@charite.de,” has been changed to read “jan.scheitz@charite.de.”

On page 291, right column, fourth line read “Because the NIHSS item best gaze is missing in the typical FAST algorithm but strongly associated with LAVO,<sup>21,26–28</sup> we tested the hypothesis that adding the abnormal gaze–face–arm–speech–time (G-FAST) may improve its predictive value,” has been changed to read “Because the NIHSS item best gaze is missing in the typical FAST algorithm but strongly associated with LAVO,<sup>21,26–28</sup> we tested the hypothesis that adding the item best gaze to FAST (G-FAST) may improve its predictive value.”

This correction has been made to the current online version of the article, which is available at <http://stroke.ahajournals.org/content/48/2/290>.

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*Stroke*. 2017;48:e95

doi: 10.1161/STR.000000000000123

*Stroke* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

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Print ISSN: 0039-2499. Online ISSN: 1524-4628

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