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CORRECTION

# Correction: Real-World Response and Super-Response to Eptinezumab over 48 Weeks in Migraine: The Prospective Multicenter EMBRACE III Study

Piero Barbanti · Cinzia Aurilia · Massimo Filippi · Alberto Doretti · Florindo d'Onofrio · Paola Scatena · Rosario Vecchio · Roberta Messina · Luisa Vinciguerra · Angelo Ranieri · Francesco Baldisseri · Paola Torelli · Marco Russo · Carolina Cutrona · Giovanna Viticchi · Gabriella Egeo · Massimo Autunno · Francesca Pistoia · Cinzia Finocchi · Cecilia Camarda · Stefano Messina · Steno Rinalduzzi · Valeria Drago · Luigi Caputi · Monica Bandettini di Poggio · Simone Quintana · Antonio Salerno · Marco Bartolini · Giulia Fiorentini · Jesuely Spieckert de Souza · Fabrizio Di Stani · Stefano Bonassi · Annamaria Porreca · for the Italian Migraine Registry Study Group



**Correction: Neurol Ther**
**https://doi.org/10.1007/s40120-026-00971-7**

In this article the first paragraph under section Exploratory Endpoints was incorrect as,

Among dose-escalated patients, the ≥ 50%, ≥ 75%, and 100% response rates varied according to the number of 300 mg doses received, with patients receiving a single 300 mg dose having response rates at 48 weeks of 86.9%, 30.4%, and 0%, respectively, with

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P. Barbanti (✉) · C. Aurilia · G. Egeo · G. Fiorentini · F. Di Stani
Headache and Pain Unit, IRCCS San Raffaele Roma, Via della Pisana 235, 00163 Rome, Italy
e-mail: piero.barbanti@sanraffaele.it; doc.barbanti@gmail.com

P. Barbanti · G. Fiorentini · S. Bonassi · A. Porreca
Department for the Promotion of Human Sciences and Quality of Life, San Raffaele University, Rome, Italy

M. Filippi · R. Messina
Neurology Unit, IRCCS San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy

A. Doretti · S. Messina
Laboratory of Neurosciences, Department of Neurology-Stroke Unit, Istituto Auxologico Italiano–IRCCS, Milan, Italy

F. d'Onofrio
Headache Center Neurology Unit, San Giuseppe Moscati Hospital, Avellino, Italy

P. Scatena · S. Rinalduzzi
Department of Neurology and Stroke Unit, San Camillo de Lellis General District Hospital, Rieti, Italy

R. Vecchio · V. Drago
Neurology Unit, Muscatello Hospital Augusta, Azienda Sanitaria Provinciale (ASP) di Siracusa, Siracusa, Italy

L. Vinciguerra · L. Caputi
Department of Neurology, ASST Crema Hospital, Crema, Italy

A. Ranieri
Division of Neurology and Stroke Unit, Headache Centre, Antonio Cardarelli Hospital, Naples, Italy

F. Baldisseri · M. Bandettini di Poggio
IRCCS Ospedale Policlinico San Martino, Genoa, Italy

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no significant difference compared with those consistently treated with the 100 mg dose. In patients receiving two 300 mg doses, the ≥ 50%, ≥ 75%, and 100% response rates were 73.5%, 38.2%, and 8.8%, respectively, which were significantly lower than the corresponding rates in the consistently 100 mg-treated group ($p = 0.005$). Patients receiving three 300 mg doses had ≥ 50%, ≥ 75%, and 100% response rates of 82.8%, 58.6%, and 6.9%, respectively, again showing no significant difference compared with patients consistently treated with the 100 mg dose (Fig. 6).

and should have read,

Among dose-escalated patients, the ≥ 50%, ≥ 75%, and 100% response rates varied according to the number of 300 mg doses received (Fig. 6). For the ≥ 50% response threshold, responder proportions were similar between patients maintained on 100 mg and those who had received one, two, or three 300 mg doses. For the ≥ 75% threshold, the highest proportion was observed in patients maintained at 100 mg (71.1%), whereas lower proportions were observed in patients who had received one 300 mg dose (30.4%, $p = 0.028$) and two 300 mg doses (38.2%, $p = 0.031$). Patients who had received three 300 mg doses showed a non-statistically significant proportion (Fig. 6).

In this article Figs. 8, 9 and 10 appeared incorrectly and have now been corrected in the original publication. For completeness and transparency, the incorrect and the correct versions are displayed below.

P. Torelli
Unit of Neurology, Department of Medicine and Surgery, Headache Center, University of Parma, Parma, Italy

M. Russo · S. Quintana
Department of Neurology, G.B. Morgagni L. Pierantoni Hospital, Forlì, Italy

C. Cutrona · A. Salerno
Headache Center, San Giovanni Addolorata Hospital, Rome, Italy

G. Viticchi · M. Bartolini
Neurological Clinic, Marche Polytechnic University, Ancona, Italy

M. Autunno
Department of Clinical and Experimental Medicine, University of Messina, Messina, Italy

F. Pistoia
Department of Biotechnological and Applied Clinical Sciences, University of L'Aquila, L'Aquila, Italy

C. Finocchi
Divisione di Neurologia, Ospedale San Paolo, ASL 2 Savonese, Savona, Italy

C. Camarda
Department of Biomedicine, Neurosciences, and Advanced Diagnostics, University of Palermo, Palermo, Italy

J. Spieckert de Souza
School of Medicine, Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Brazil

S. Bonassi · A. Porreca
Clinical and Molecular Epidemiology, IRCCS San Raffaele Rome, Rome, Italy

## Incorrect version of Fig. 8

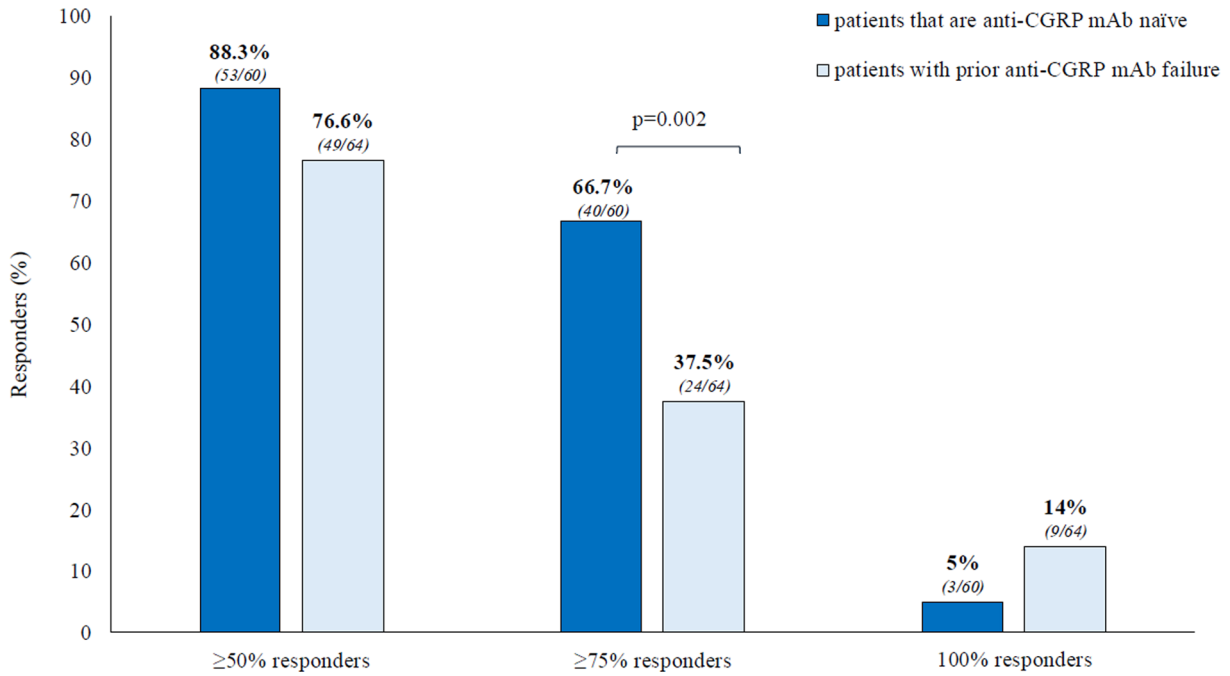
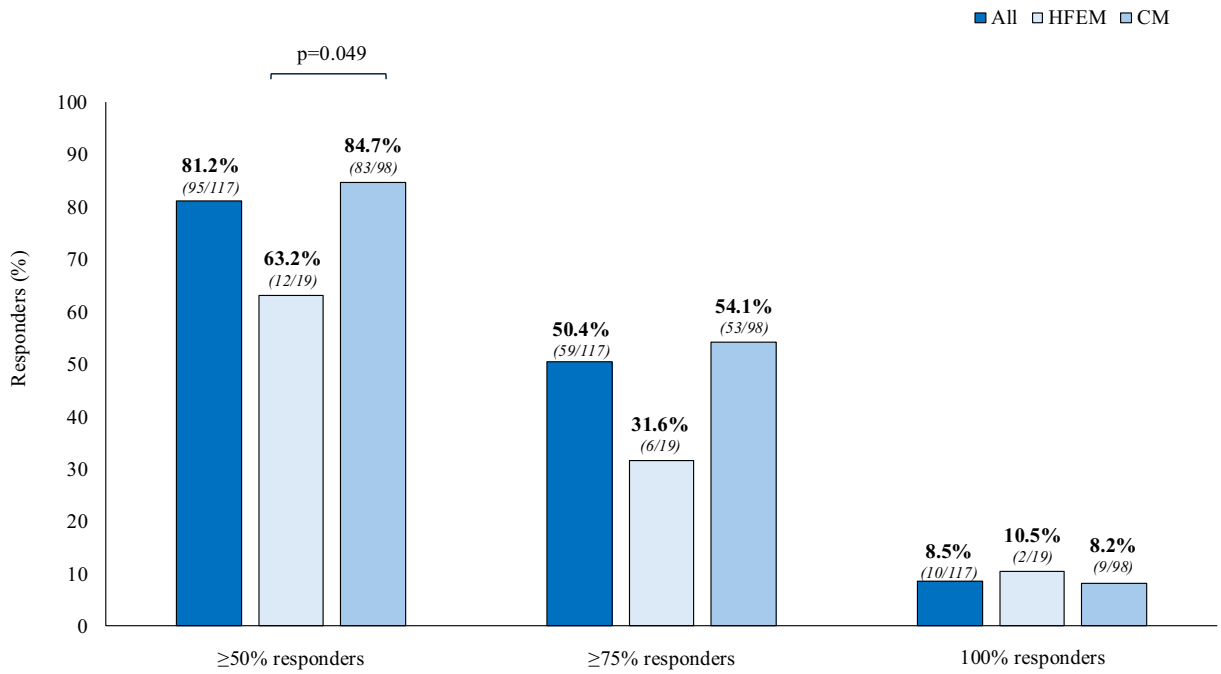



**Fig. 8** Responder rates at week 48 in patients without adverse events. Bars represent the proportion of patients achieving ≥ 50%, ≥ 75%, and 100% reduction in monthly migraine/headache days (MMD/MHD) relative to baseline among those reporting no adverse events. Data are shown for the total population (*All*, $n = 117$) and stratified by diagnosis: high-frequency episodic migraine (*HFEM*, $n = 19$) and chronic migraine (*CM*, $n = 98$). Chi-square analysis reveals a significant difference between the HFEM and CM groups, specifically within the ≥ 50% responder category ($p = 0.049$); no significant differences were observed in the other categories

## Correct version of Fig. 8

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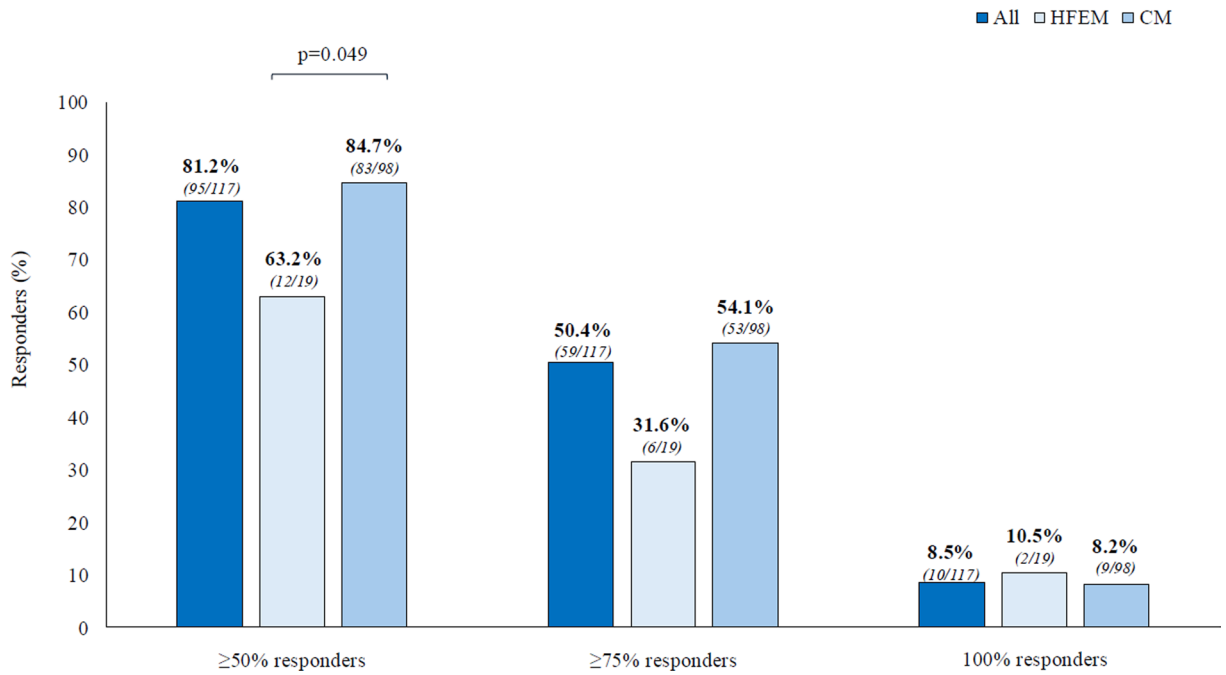


**Fig. 9** Proportion of responders achieving ≥ 30% reduction in numerical rating scale (*NRS*) score during residual attacks at week 48. Bars represent the percentage of patients within the ≥ 50% and ≥ 75% responder categories who also experienced a significant reduction in pain intensity (NRS ≥ 30%) for remaining attacks. Data are presented for the total population (*All*, $n = 124$) and stratified by diagnosis: high-frequency episodic migraine (*HFEM*, $n = 21$) and chronic migraine (*CM*, $n = 103$). Chi-square analysis shows no significant differences between HFEM and CM groups for these combined outcomes

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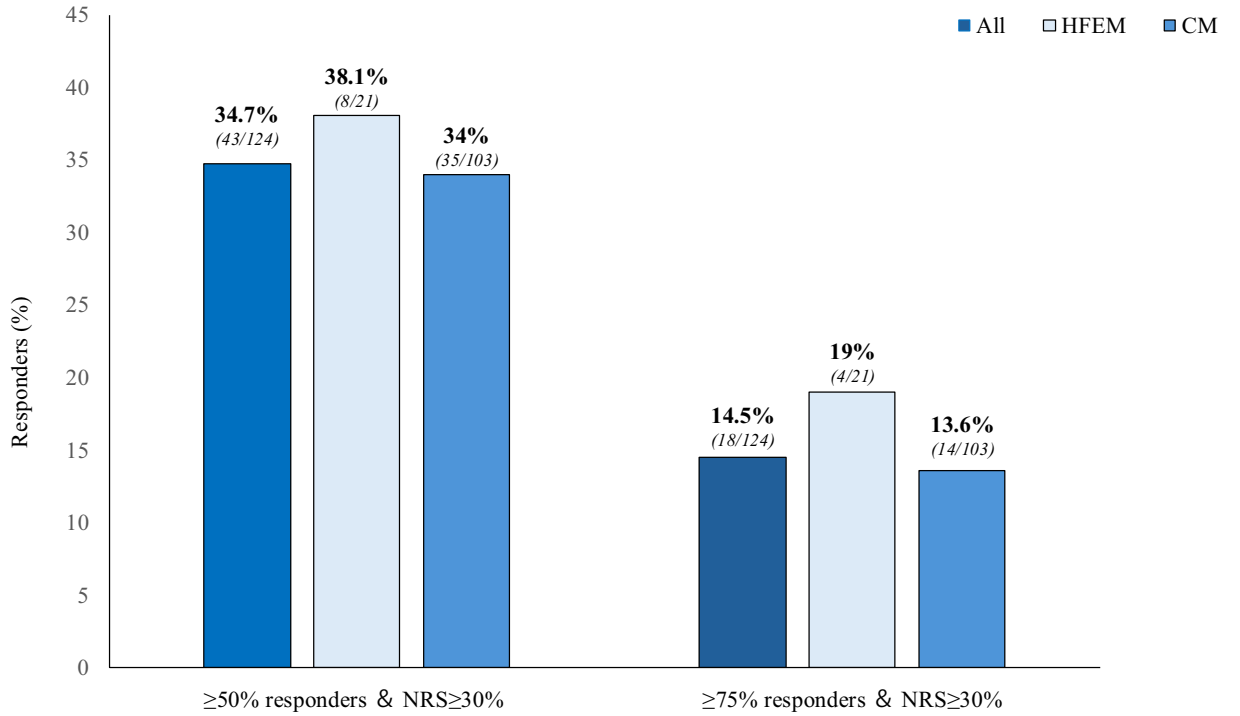


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## Incorrect version of Fig. 10

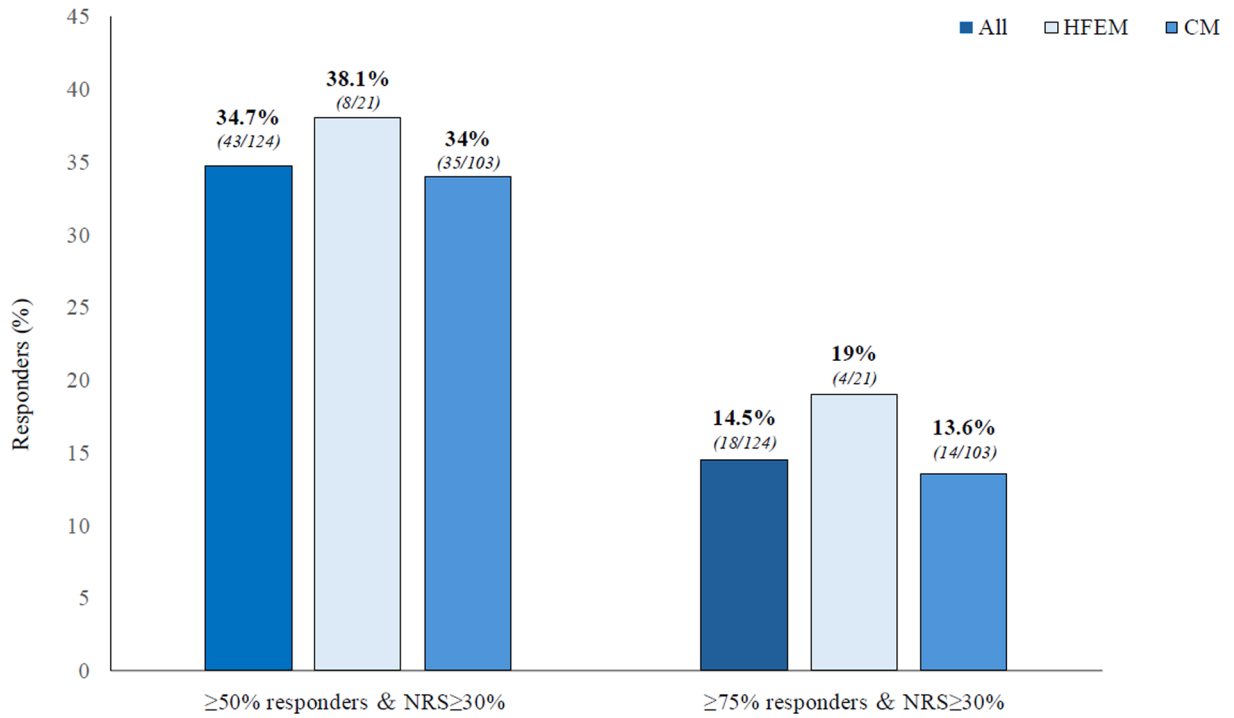
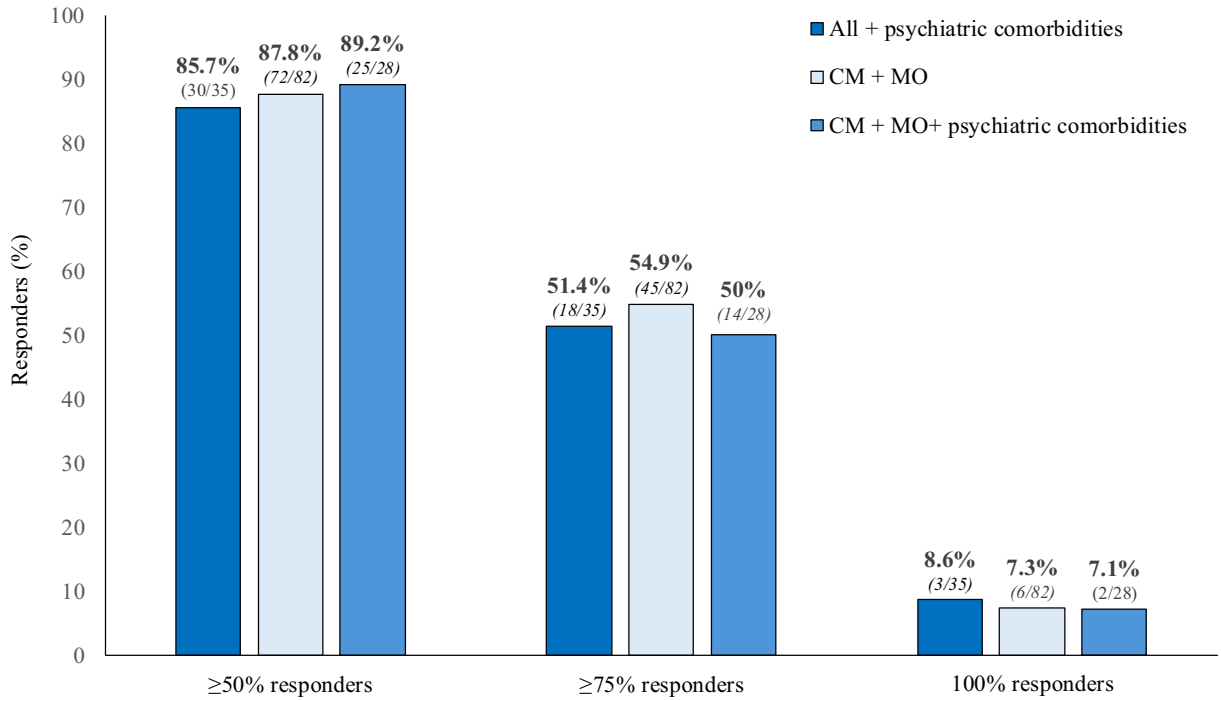



**Fig. 10** Responder rates at week 48 across complex patient subgroups. Bars represent the proportion of patients achieving ≥ 50%, ≥ 75%, and 100% reduction in monthly migraine/headache days (MMD/MHD) relative to baseline. The analysis includes three high-burden cohorts: patients with psychiatric comorbidities ($n = 35$); patients with chronic migraine and medication overuse ($CM + MO$, $n = 82$); and patients with the triple combination of CM, MO, and psychiatric comorbidities ($n = 28$)

**Correct version of Fig. 10**

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The original article has been corrected.