In practice, one would not need to obtain an optimized helical CT examination with a dedicated CT instrument until one sees whether the anatomic or biochemical information provided by the PET/CT system solves the clinical problem. If it does, performance of subsequent dedicated helical CT will not be needed. If it does not, the dedicated CT study should be done.

I agree that we would not do a CT study with only the fused PET/CT system if we do not do the PET study.

Again, many thanks to Drs. Akhurst and Chisin.

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Indeterminate Adrenal Masses

TO THE EDITOR: I read with interest the paper by Delbeke (*1*) discussing the oncologic applications of FDG PET. I must disagree with the statement "CT cannot differentiate adrenal metastasis from benign nonhyperfunctioning adenomas, but MRI with T2-weighted imaging is promising." The year of the cited reference (*2*) is 1986. Indeed, since that time, a body of literature has been developed (*3–5*) documenting how to accurately identify adrenal adenomas with CT (using Hounsfield unit measurements) and MRI (with chemical shift imaging). This distinction is made in everyday clinical practice. FDG PET is useful when an adenoma cannot be proven with CT or MRI, especially when an adrenal biopsy may not be desirable.

I thank Dr. Delbeke for her timely and useful review of an emerging and important topic.

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REPLY: I want to thank Dr. Schuster for his interest in my article (*1*) and his constructive remarks. Problems in diagnosing adrenal lesions have been discussed in more detail in the references provided in my continuing education article, particularly references 76 and 77, published in 1995 and 1997, respectively (*2,3*). These 2 articles refer to a good portion of the body of literature published on CT and MRI criteria since 1986. Although CT and MRI have been used to differentiate benign from malignant adrenal masses, many masses remain indeterminate by current criteria. FDG PET is, of course, particularly helpful in these cases. However, FDG PET is often performed for staging purposes (especially in patients with non–small cell lung carcinoma, colorectal carcinoma, lymphoma, and melanoma) and offers the advantage of screening the entire body for metastases.

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Erratum

The two right columns of Table 2, under the column heading "Energy: 0.02 MeV," were printed incorrectly in the article, "Re-Evaluation of Absorbed Fractions for Photons and Electrons in Spheres of Various Sizes," by Stabin and Konijnenberg (*JNM* 2000;41:149–160). Data from "MIRD8" and "EGS4/MIRD8" columns should be aligned under the "EGS4/MCNP" and "Recommended value" columns, respectively. The corrected portion of the table is printed below.

Sphere mass (g)	Sphere radius (cm)	EGS4 ϕ	MCNP ϕ	MIRD8 ϕ	EGS4/ MIRD8	MCNP/ MIRD8	EGS4/ MCNP	Recommended value
Energy: 0.02 MeV								
1	0.620	0.205	0.191				1.07	0.198
2	0.782	0.251	0.236				1.06	0.244
4	0.985	0.304	0.287				1.06	0.295
6	1.127	0.338	0.319				1.06	0.328
8	1.241	0.363	0.343				1.06	0.353
10	1.337	0.383	0.364				1.05	0.374
20	1.684	0.450	0.426				1.06	0.438
40	2.122	0.519	0.494				1.05	0.507
60	2.429	0.560	0.536				1.04	0.548
80	2.673	0.589	0.563				1.05	0.576
100	2.879	0.610	0.586				1.04	0.598