- 21. *Guide for the Care and Use of Laboratory Animals.* 8th ed. Washington, DC: National Academy Press; 2011.
- Yang CH, Chou HC, Fu YN, et al. EGFR over-expression in non-small cell lung cancers harboring EGFR mutations is associated with marked down-regulation of CD82. *Biochim Biophys Acta*. 2015;1852:1540–1549.
- Cross DA, Ashton SE, Ghiorghiu S, et al. AZD9291, an irreversible EGFR TKI, overcomes T790M-mediated resistance to EGFR inhibitors in lung cancer. *Cancer Discov.* 2014;4:1046–1061.
- Petrulli JR, Sullivan JM, Zheng MQ, et al. Quantitative analysis of [¹¹C]-erlotinib PET demonstrates specific binding for activating mutations of the EGFR kinase domain. *Neoplasia*. 2013;15:1347–1353.
- Yang JL, Qu XJ, Russell PJ, Goldstein D. Regulation of epidermal growth factor receptor in human colon cancer cell lines by interferon alpha. *Gut.* 2004;53:123–129.
- Cooper MS, Ma MT, Sunassee K, et al. Comparison of ⁶⁴Cu-complexing bifunctional chelators for radioimmunoconjugation: labeling efficiency, specific activity, and in vitro/in vivo stability. *Bioconjug Chem.* 2012;23:1029–1039.
- Liu Z, Li ZB, Cao Q, Liu S, Wang F, Chen X. Small-animal PET of tumors with ⁶⁴Cu-labeled RGD-bombesin heterodimer. J Nucl Med. 2009;50:1168–1177.

- Song IH, Lee TS, Park YS, et al. Immuno-PET imaging and radioimmunotherapy of ⁶⁴Cu-/¹⁷⁷Lu-labeled anti-EGFR antibody in esophageal squamous cell carcinoma model. J Nucl Med. 2016;57:1105–1111.
- Ping Li W, Meyer LA, Capretto DA, Sherman CD, Anderson CJ. Receptorbinding, biodistribution, and metabolism studies of ⁶⁴Cu-DOTA-cetuximab, a PET-imaging agent for epidermal growth-factor receptor-positive tumors. *Cancer Biother Radiopharm.* 2008;23:158–171.
- Cai W, Chen K, He L, Cao Q, Koong A, Chen X. Quantitative PET of EGFR expression in xenograft-bearing mice using ⁶⁴Cu-labeled cetuximab, a chimeric anti-EGFR monoclonal antibody. *Eur J Nucl Med Mol Imaging*. 2007;34:850–858.
- Wen X, Wu QP, Ke S, et al. Conjugation with ¹¹¹In-DTPA-poly(ethylene glycol) improves imaging of anti-EGF receptor antibody C225. J Nucl Med. 2001;42: 1530–1537.
- Liu Z, Ma T, Liu H, et al. ¹⁷⁷Lu-labeled antibodies for EGFR-targeted SPECT/ CT imaging and radioimmunotherapy in a preclinical head and neck carcinoma model. *Mol Pharm.* 2014;11:800–807.
- Aerts HJ, Dubois L, Perk L, et al. Disparity between in vivo EGFR expression and ⁸⁹Zr-labeled cetuximab uptake assessed with PET. J Nucl Med. 2009;50:123–131.

Errata

In the article "¹⁷⁷Lu-PSMA Radioligand Therapy for Prostate Cancer" by Fendler et al. (*J Nucl Med.* 2017;58:1196–1200), the "Indication" section incorrectly states that ¹⁷⁷Lu-PSMA RLT may be considered in patients with sufficient bone marrow reserve as defined by a white blood cell count *lower than* 3,000/ μ L and a platelet count *lower than* 75,000/ μ L. The correct levels are *higher than* 3,000/ μ L and *higher than* 75,000/ μ L, respectively. We regret the error.

In the article "Tumor Uptake of ⁶⁴Cu-DOTA-Trastuzumab in Patients with Metastatic Breast Cancer" by Mortimer et al. (*J Nucl Med.* 2018;59:38–43), data in the HER2– column of Table 1 were left out because of a copyediting error. The corrected table appears below. We regret the error.

TABLE 1

Patient Demographics and Clinical Characteristics

Characteristic	HER2+ $(n = 11)$	HER2– ($n = 7$)
Median age (y)	59 y (age range, 35–75 y)	61 y (age range, 40–71 y)
Hormone receptor and HER2 status of recurrence		
ER and PR receptors		
ER- and/or PR-positive	6	3
ER-negative and PR-negative	5	4
HER2		
IHC1+		4
IHC2+	3	3
IHC3+	8	
Prior HER2-directed therapy		
Trastuzumab for metastasis	8 (79 d–36 mo)	
None	3	7
Sites of metastatic disease measured for $\mathrm{SUV}_{\mathrm{max}}$		
Bone	24	12
Lymph nodes	23	10
Liver	6	0
Lung	6	3
Other*	2	3
Breast/chest wall [†]	5	5
Tumor volume (cm ³) [‡]		
Mean	5.8	12.2
SE	0.9	2.7

*Pulmonary effusion (HER2+) or body wall outside breast region.

[†]Breast or chest wall adjacent to breast.

[‡]Volume within isocontour of ¹⁸F-FDG tumor image approximately matching boundary of CT correlate.

HER2 = human epidermal growth factor receptor 2; ER= estrogen receptor; PR= progesterone receptor; IHC = immunohistochemistry; SE = standard error.