

8. Sheikhabaehi S, Afshar-Oromieh A, Eiber M, et al. Pearls and pitfalls in clinical interpretation of prostate-specific membrane antigen (PSMA)-targeted PET imaging. *Eur J Nucl Med Mol Imaging*. 2017;44:2117–2136.
9. Barrington SF, Mikhaeel NG, Kostakoglu L, et al. Role of imaging in the staging and response assessment of lymphoma: consensus of the International Conference on Malignant Lymphomas Imaging Working Group. *J Clin Oncol*. 2014;32:3048–3058.
10. Evans MJ, Smith-Jones PM, Wongvipat J, et al. Noninvasive measurement of androgen receptor signaling with a positron-emitting radiopharmaceutical that targets prostate-specific membrane antigen. *Proc Natl Acad Sci USA*. 2011;108:9578–9582.

Erratum

In the article “Quantification of Task-Specific Glucose Metabolism with Constant Infusion of ¹⁸F-FDG” by Hahn et al. (*J Nucl Med*. 2016;57:1933–1940), the task-specific glucose metabolism as defined in Equations 6 and 7 represents an oversimplification. Considering that the slopes of the baseline and task regressors are different, the model was refined as follows:

Task-specific changes in metabolism are proportional to changes in the slope of the time–activity curve, hence, changing baseline metabolism by $\beta_{\text{task}} \times \text{regressor}_{\text{task}}$

$$K_{i,\text{total}} \propto \beta_{\text{base}} \times \text{regressor}_{\text{base}} + \beta_{\text{task}} \times \text{regressor}_{\text{task}} \quad \text{Eq. 6}$$

from which follows that task-specific metabolism is proportional to

$$K_{i,\text{task}} \propto \beta_{\text{task}} \times \text{regressor}_{\text{task}} \quad \text{Eq. 7}$$

For the quantification with the Patlak plot, the task regressor was then reconstructed as a linear function with the same slope as defined in the GLM analysis. This assumes that task-related glucose metabolism is constant throughout the task.

As a consequence, the task-specific values in CMRGlucose and percentage signal changes are higher by a factor of approximately 4, as shown in the table below. Since this factor slightly varies across subjects and regions, the statistics were adapted but the interpretations remained stable. The authors regret the error.

TABLE 1
Task-Specific Changes in Glucose Metabolism for Eyes-Open Condition and Right-Finger Tapping as Compared with Baseline

Region	x (mm)	y (mm)	z (mm)	t-value	CMRGlucose BL (μmol/100g/min)	CMRGlucose task (μmol/100g/min)	Signal change (%)
<i>Eyes open > baseline</i>							
Lingual L	-6	-88	-14	9.4*	26.2 ± 4.1	3.3 ± 1.4	12.9 ± 5.4
Intracalcarine L	-8	-84	8	9.7*	25.7 ± 4.2	2.8 ± 1.1	11.0 ± 4.1
Supracalcarine R	16	-66	14	11.0*	28.3 ± 4.6	2.3 ± 0.8	8.1 ± 3.2
Occ Pole R	8	-90	32	10.2*	17.7 ± 3.4	3.8 ± 1.5	21.2 ± 6.9
Cuneus	0	-82	26	11.2*	27.6 ± 4.2	2.3 ± 0.7	8.4 ± 2.3
Cereb Crus I L	-46	-60	-34	11.4*	23.0 ± 3.5	3.4 ± 1.2	14.7 ± 4.6
Cereb Crus I R	54	-52	-34	12.4*	11.5 ± 2.4	2.6 ± 0.8	23.6 ± 7.5
Cereb Crus II L	-12	-88	-26	13.5*	19.7 ± 3.5	4.4 ± 1.3	22.8 ± 7.1
Cereb Crus II R	4	-82	-26	9.1*	16.6 ± 2.9	4.3 ± 1.8	25.6 ± 9.5
Cereb VI L	-26	-54	-26	12.4*	22.6 ± 3.0	2.7 ± 0.8	12.2 ± 4.6
Cereb Vermis crus II	-2	-80	-30	11.2*	18.8 ± 3.1	3.5 ± 1.2	18.7 ± 6.4
Cereb Vermis VIIIa	-8	-66	-40	10.8*	20.7 ± 3.0	2.6 ± 0.9	12.7 ± 5.4
Hippocampus L	-30	-18	-12	10.2*	16.3 ± 2.4	3.1 ± 1.2	19.6 ± 8.8
<i>Eyes open < baseline</i>							
Frontal superior L	-18	32	44	-7.5#	26.7 ± 5.1	-1.9 ± 1.0	-7.0 ± 2.9
Postcentral L	-40	-24	58	-0.8	27.6 ± 4.3	-0.5 ± 2.3	-1.4 ± 7.9
<i>Finger tapping > baseline</i>							
Postcentral L	-40	-24	58	12.5*	27.6 ± 4.3	6.3 ± 2.6	22.8 ± 9.6
Precentral L	-32	-16	70	11.0*	19.0 ± 3.5	3.9 ± 1.7	20.2 ± 7.8
Cereb VI L	-32	-56	-26	16.6*	24.8 ± 3.5	3.9 ± 1.0	15.9 ± 5.0
Cereb VIIIa L	-34	-60	-56	13.1*	21.8 ± 3.0	4.7 ± 1.4	21.4 ± 5.6
Cereb VIIIa R	28	-64	-54	11.4*	23.1 ± 3.1	3.7 ± 2.2	17.0 ± 12.2
Cereb VIIIb R	10	-64	-52	11.8*	20.7 ± 2.7	3.8 ± 1.2	18.4 ± 6.2
Hippocampus L	-28	-16	-12	10.6*	16.3 ± 2.5	3.4 ± 1.3	21.1 ± 7.8
<i>Finger tapping < baseline</i>							
Intracalcarine L	-8	-84	8	-0.9	25.7 ± 4.2	-0.3 ± 2.2	-0.4 ± 8.7

* $P < 0.05$ FWE-corrected voxel level, # $P < 0.001$ uncorrected.

Significance thresholds were $t = 8.7$ for $P < 0.05$ FWE-corrected and $t = 3.8$ for $P < 0.001$ uncorrected. Coordinates and t values were obtained from the SPM analysis. Corresponding CMRGlucose as obtained from Patlak plot is shown for baseline condition and each task as well as the percentage signal changes from baseline.