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>5 cm). All patients with at least one site of bulky disease had initial disease progression occur at a bulky site, with a bulky site being the sole first site of progression in approximately 50%. Approximately one third of patients with only nonbulky disease sites saw initial progression at an entirely new site. The authors concluded that "we can use tumor bulk to establish a statistical hierarchy of likely tumor progression sites and use this pattern to direct the use of additional external beam radiotherapy to augment treatment."

International Journal of Radiation Oncology, Biology, Physics

Pretargeted RIT with a Novel Fusion Protein

In an article published in the August issue of *Cancer Biotherapy and Radiopharmaceuticals* (2005;20: 379–390), Forero-Torres et al. from the University of Alabama at Birmingham reported on a trial to determine the feasibility and safety of a genetically engineered fusion protein as the targeting agent in pretargeted radioimmunotherapy (RIT) in colon cancer treatment. The study included 9 patients with TAG-72+ metastatic colorectal cancer. Each patient received the TAG-72 targeting fusion protein, followed by a synthetic clearing agent. One day later, each patient received ^{111}In-DOTA-biotin for imaging and dosimetry; and 5 patients also received ^{90}Y-DOTA-biotin. The authors found that the fusion protein cleared rapidly after synthetic clearing agent administration and that both radiolabeled DOTA-biotins rapidly localized to tumor sites, with unbound fractions clearing rapidly. No infusion-related or other toxicities were noted. The authors concluded that this novel fusion protein "performs well in a pretargeted RIT schema, and further study with escalating doses of ^{90}Y should be pursued."

Cancer Biotherapy and Radiopharmaceuticals

Safety of High-Dose ^{131}I Thyroid Treatment

In an article e-published ahead of print on August 9 in the *International Journal of Radiation Oncology, Biology, Physics,* Bal et al. from the All India Institute of Medical Science (New Delhi) evaluated female fertility effects and genetic risk to offspring from exposure to high-dose ^{131}I by assessing pregnancy outcomes and health status of children of female patients who had received therapeutic doses of ^{131}I as part of treatment for differentiated thyroid cancer. The study included 692 women who were or had been in the designated reproductive age group (18–45 years) at the time of treatment, with an age at diagnosis of 16–36 years. Forty women had a total of 50 pregnancies after high-dose ^{131}I. The authors assessed the numbers of spontaneous abortions, the health of surviving children, and overall fertility among the patients treated and concluded that "female fertility is not affected by high-dose radioiodine treatment, and the therapy does not appear to be associated with any genetic risks to the offspring."

International Journal of Radiation Oncology, Biology, Physics

Nominees for Loevinger-Berman Award

The MIRD Committee is seeking suggestions for potential nominees for the Loevinger-Berman Award. Anyone who wishes to make recommendations to the committee should list reasons why the nominee is deserving of the award and include a curriculum vitae and references to relevant publications by the nominee. All recommendations will be carefully considered by the committee. Nominations should be sent with supporting material to Evelyn E. Watson, Chair, MIRD Committee, 104 New Bedford Lane, Oak Ridge, TN 37830; or by e-mail to eew72@comcast.net.

Erratum

Several readers pointed out significant typographical errors in the August 2005 Newsline news brief titled "NAS Study Maintains LNT Validity" (*J Nucl Med.* 2005;46[8]:47–48). The Greek letter μ (with the prefix meaning of "micro") was erroneously substituted for "m" (with the prefix meaning of "milli"). The sentences containing errors should have read:

> In fact, these and similar statements were based on comments by panel member Ethel Gilbert, a biostatistician at the National Cancer Institute (Bethesda, MD), who summarized the report's findings at the press conference by saying that the vast majority of Americans will be exposed to total radiation far below what the panel considered a high end for low-dose lifetime exposure (100 mSv), an amount she clarified as "about 1,000 times the dose you receive from a single chest X-ray," adding that with a cumulative low-dose lifetime exposure of 100 mSv "about 1 person in 100 would develop cancer."

And:

> "We estimated that whole exposure to a whole-body [CT] scan is about 10 mSv," said Monson. "That's a relatively high dose. There's currently no information on whether there's an association between exposure to radiation from CT scanning and adverse health effects . . .but prudence should oversee the operation of the network."