4. Young H, Baum R, Cremerius U, et al. Measurement of clinical and subclinical tumour response using [^{18}F]-fluorodeoxyglucose and positron emission tomography: review and 1999 EORTC recommendations. European Organization for Research and Treatment of Cancer (EORTC) PET Study Group. *Eur J Cancer.* 1999;35:1773–1782.
5. Scher HI, Morris MJ, Kelly WK, Schwartz LH, Heller G. Prostate cancer clinical trial end points: "RECIST"ing a step backwards. *Clin Cancer Res.* 2005;11:5223–5232.
6. Mervis J. Pharma goes to work [introduction]. *Science.* 2005;309:721.
7. Husband JE, Schwartz LH, Spencer J, et al. Evaluation of the response to treatment of solid tumours: a consensus statement of the International Cancer Imaging Society. *Br J Cancer.* 2004;90:2256–2260.
8. Zhao B, Schwartz L, Moskowitz C, Ginsberg MS, Rizvi NA, Kris MG. Computerized quantification of tumor response in lung cancer: initial results. *Radiology.* In press.
9. Larson SM, Erdi Y, Akhurst T, et al. Tumor Treatment Response Based on Visual and Quantitative Changes in Global Tumor Glycolysis Using PET-FDG Imaging. The Visual Response Score and the Change in Total Lesion Glycolysis. *Clin Positron Imaging.* 1999;2:159–171.
10. Downey RJ, Akhurst T, Gonen M, et al. Preoperative F-18 fluorodeoxyglucose-positron emission tomography maximal standardized uptake value predicts survival after lung cancer resection. *J Clin Oncol.* 2004;22:3255–3260.
11. Rizk N, Downey RJ, Akhurst T, et al. Preoperative 18[F]-fluorodeoxyglucose positron emission tomography standardized uptake values predict survival after esophageal adenocarcinoma resection. *Ann Thorac Surg.* 2006;81:1076–1081.
12. Robbins RJ, Wan Q, Grewal RK, et al. Real-time prognosis for metastatic thyroid carcinoma based on 2-[^{18}F]fluoro-2-deoxy-D-glucose-positron emission tomography scanning. *J Clin Endocrinol Metab.* 2006;91:498–505.
13. Schoder H, Noy A, Gonen M, et al. Intensity of ^{18}fluorodeoxyglucose uptake in positron emission tomography distinguishes between indolent and aggressive non-Hodgkin's lymphoma. *J Clin Oncol.* 2005;23:4643–4651.
14. Wahl RL, Zasadny K, Helvie M, Hutchins GD, Weber B, Cody R. Metabolic monitoring of breast cancer chemohormonotherapy using positron emission tomography: initial evaluation. *J Clin Oncol.* 1993;11:2101–2111.
15. Downey RJ, Akhurst T, Ilson D, et al. Whole body ^{18}FDG-PET and the response of esophageal cancer to induction therapy: results of a prospective trial. *J Clin Oncol.* 2003;21:428–432.
16. Morris MJ, Akhurst T, Larson SM, et al. Fluorodeoxyglucose positron emission tomography as an outcome measure for castrate metastatic prostate cancer treated with antimicrotubule chemotherapy. *Clin Cancer Res.* 2005;11:3210–3216.
17. Juweid ME, Wiseman GA, Vose JM, et al. Response assessment of aggressive non-Hodgkin's lymphoma by integrated International Workshop Criteria and fluorine-18-fluorodeoxyglucose positron emission tomography. *J Clin Oncol.* 2005; 23:4652–4661.
18. Schwaiger M, Wieder H. Role of PET in lymphoma. *Chang Gung Med J.* 2005;28:315–325.
19. Alonso A, Molenberghs G, Geys H, Buyse M, Vangeneugden T. A unifying approach for surrogate marker validation based on Prentice's criteria. *Stat Med.* 2006;25:205–221.
20. D'Amico AV, Moul J, Carroll PR, Sun L, Lubeck D, Chen MH. Surrogate end point for prostate cancer specific mortality in patients with nonmetastatic hormone refractory prostate cancer. *J Urol.* 2005;173:1572–1576.

Erratum

In the article "Procedure Guideline for Tumor Imaging with ^{18}F-FDG PET/CT 1.0" by Delbeke et al. (*J Nucl Med.* 2006;47:885–895), Table 1 contained an error. The corrected table appears below:

TABLE 1
^{18}F-FDG Radiation Dosimetry for Adults and Children

Patient	Intravenously administered activity	Organ receiving the largest radiation dose, mGy/MBq (rads/mCi)	Effective dose, mSv/MBq (rems/mCi)
Adult	370–740 MBq (10–20 mCi)	Bladder, 0.16* (0.59)	0.019 (0.070)
Child (5 y old)	5.18–7.4 MBq/kg (0.14–0.20 mCi/kg)	Bladder, 0.32† (1.2)	0.050 (0.18)

*Voiding interval, 3.5 h. Changes in bladder wall dose are approximately linear with changes in voiding interval; therefore, for a voiding interval of 2.0 h, dose to bladder wall would change by a factor of 2/3.5.

†Voiding interval, 2.0 h.

Data are from International Commission on Radiological Protection. *Radiation Dose to Patients from Radiopharmaceuticals.* St. Louis, MO: Elsevier; 2000:49. ICRP publication 80.

In addition, the affiliation for one of the authors, Scott Holbrook, is listed incorrectly. The correct affiliation is Precision Nuclear, Gray, Tennessee.