caution, especially given that little supporting evidence is available for either option.

A second concern relates to the use of the Gemini 16 PET/CT scanner (Philips Health Care), as well as the manufacturer's recommended dose regimen that was followed. Our work was performed on only 1 scanner, admittedly no longer state-of-the-art, but the technique (based on Dr. Watson's original work) should be independent of the performance of that scanner. Based on input from our clinical colleagues, images obtained from the Gemini 16 are clinically useful in large patients and, commonly, better in light patients for the same scanning time and weight-based dose regimen. As a result, we believe that using the peak or close to the peak (e.g., 90%) NECD value in adults as a guideline to derive specific regimens for pediatric studies is justified.

REFERENCE

1. Accorsi R, Karp JS, Surti S. Improved dose regimen in pediatric PET. *J Nucl Med.* 2010;51:293–300.

Roberto Accorsi*
Joel S. Karp
Suleman Surti
**via Milite Ignoto 380*
Ispra 21207, Italy
E-mail: raccorsi71@gmail.com

DOI: 10.2967/jnumed.110.078741

Errata

In the article "Estimation of the ^{18}F-FDG Input Function in Mice by Use of Dynamic Small-Animal PET and Minimal Blood Sample Data," by Ferl et al. (*J Nucl Med.* 2007;2037–2045), one of the authors was inadvertently omitted from the by-line. The corrected by-line should read as follows: Gregory Z. Ferl, Xiaoli Zhang, Histo-Ming Wu, Michael C. Kreissl, and Sung-Cheng Huang. The authors regret the error.

In the article "^{18}F-FDG PET After 2 Cycles of ABVD Predicts Event-Free Survival in Early and Advanced Hodgkin Lymphoma," by Cerci et al. (*J Nucl Med.* 2010;51:1337–1343), Table 5 contained a mistake. The 3-y event-free survival rate for PET-positive scans in the present study was 53.4% and not 24%. The authors regret the error.