

14. Oda Y, Yamamoto H, Tamiya S, et al. CXCR4 and VEGF expression in the primary site and the metastatic site of human osteosarcoma: analysis within a group of patients, all of whom developed lung metastasis. *Mod Pathol*. 2006; 19:738–745.
15. Salvucci O, Bouchard A, Baccarelli A, et al. The role of CXCR4 receptor expression in breast cancer: a large tissue microarray study. *Breast Cancer Res Treat*. 2006;97:275–283.
16. Sun YX, Wang J, Shelburne CE, et al. Expression of CXCR4 and CXCL12 (SDF-1) in human prostate cancers (PCa) in vivo. *J Cell Biochem*. 2003;89:462–473.
17. Darash-Yahana M, Pikarsky E, Abramovitch R, et al. Role of high expression levels of CXCR4 in tumor growth, vascularization, and metastasis. *FASEB J*. 2004;18:1240–1242.
18. Muller A, Homey B, Soto H, et al. Involvement of chemokine receptors in breast cancer metastasis. *Nature*. 2001;410:50–56.
19. Tamamura H, Hori A, Kanzaki N, et al. T140 analogs as CXCR4 antagonists identified as anti-metastatic agents in the treatment of breast cancer. *FEBS Lett*. 2003;550:79–83.
20. Huang EH, Singh B, Cristofanilli M, et al. A CXCR4 antagonist CTCE-9908 inhibits primary tumor growth and metastasis of breast cancer. *J Surg Res*. 2009; 155:231–236.
21. Kim SY, Lee CH, Midura BV, et al. Inhibition of the CXCR4/CXCL12 chemokine pathway reduces the development of murine pulmonary metastases. *Clin Exp Metastasis*. 2008;25:201–211.
22. Rubin JB, Kung AL, Klein RS, et al. A small-molecule antagonist of CXCR4 inhibits intracranial growth of primary brain tumors. *Proc Natl Acad Sci USA*. 2003;100:13513–13518.
23. Hanaoka H, Mukai T, Tamamura H, et al. Development of a <sup>111</sup>In-labeled peptide derivative targeting a chemokine receptor, CXCR4, for imaging tumors. *Nucl Med Biol*. 2006;33:489–494.
24. Jacobson O, Weiss ID, Kiesewetter DO, Farber JM, Chen X. PET of Tumor CXCR4 expression with 4-<sup>18</sup>F-T140. *J Nucl Med*. 2010;51:1796–1804.
25. Nimmagadda S, Pullambhatla M, Pomper MG. Immunoimaging of CXCR4 expression in brain tumor xenografts using SPECT/CT. *J Nucl Med*. 2009;50: 1124–1130.
26. Nimmagadda S, Pullambhatla M, Stone K, Green G, Bhujwalla ZM, Pomper MG. Molecular imaging of CXCR4 receptor expression in human cancer xenografts with [<sup>64</sup>Cu]AMD3100 positron emission tomography. *Cancer Res*. 2010;70:3935–3944.
27. Jacobson O, Weiss ID, Szajek L, Farber JM, Kiesewetter DO. <sup>64</sup>Cu-AMD3100: a novel imaging agent for targeting chemokine receptor CXCR4. *Bioorg Med Chem*. 2009;17:1486–1493.
28. Fricker SP, Anastassov V, Cox J, et al. Characterization of the molecular pharmacology of AMD3100: a specific antagonist of the G-protein coupled chemokine receptor, CXCR4. *Biochem Pharmacol*. 2006;72:588–596.
29. Wong RS, Bodart V, Metz M, Labrecque J, Bridger G, Fricker SP. Comparison of the potential multiple binding modes of bicyclam, monocyclam, and noncyclam small-molecule CXCR4 chemokine receptor 4 inhibitors. *Mol Pharmacol*. 2008; 74:1485–1495.
30. Bodart V, Anastassov V, Darkes MC, et al. Pharmacology of AMD3465: a small molecule antagonist of the chemokine receptor CXCR4. *Biochem Pharmacol*. 2009;78:993–1000.
31. Hatse S, Princen K, De Clercq E, et al. AMD3465, a monomacrocyclic CXCR4 antagonist and potent HIV entry inhibitor. *Biochem Pharmacol*. 2005;70:752–761.
32. Bjorndal A, Deng H, Jansson M, et al. Coreceptor usage of primary human immunodeficiency virus type 1 isolates varies according to biological phenotype. *J Virol*. 1997;71:7478–7487.
33. Mease RC, Dusich CL, Foss CA, et al. N-[N-[(S)-1,3-dicarboxypropyl]carbamoyl]-4-[<sup>18</sup>F]fluorobenzyl-L-cysteine, [<sup>18</sup>F]DCFBFC: a new imaging probe for prostate cancer. *Clin Cancer Res*. 2008;14:3036–3043.
34. Zagzag D, Krishnamachary B, Yee H, et al. Stromal cell-derived factor-1 $\alpha$  and CXCR4 expression in hemangioblastoma and clear cell-renal cell carcinoma: von Hippel-Lindau loss-of-function induces expression of a ligand and its receptor. *Cancer Res*. 2005;65:6178–6188.
35. Amara A, Gall SL, Schwartz O, et al. HIV coreceptor downregulation as antiviral principle: SDF-1 $\alpha$ -dependent internalization of the chemokine receptor CXCR4 contributes to inhibition of HIV replication. *J Exp Med*. 1997;186:139–146.
36. Gupta SK, Pillarisetti K. Cutting edge: CXCR4-Lo—molecular cloning and functional expression of a novel human CXCR4 splice variant. *J Immunol*. 1999;163:2368–2372.
37. Boswell CA, Sun X, Niu W, et al. Comparative in vivo stability of copper-64-labeled cross-bridged and conventional tetraazamacrocyclic complexes. *J Med Chem*. 2004;47:1465–1474.
38. Wadas TJ, Wong EH, Weisman GR, Anderson CJ. Copper chelation chemistry and its role in copper radiopharmaceuticals. *Curr Pharm Des*. 2007;13:3–16.
39. Khan A, Nicholson G, Greenman J, et al. Binding optimization through coordination chemistry: CXCR4 chemokine receptor antagonists from ultrarigid metal complexes. *J Am Chem Soc*. 2009;131:3416–3417.
40. Gerlach LO, Jakobsen JS, Jensen KP, et al. Metal ion enhanced binding of AMD3100 to Asp262 in the CXCR4 receptor. *Biochemistry*. 2003;42:710–717.
41. Gerlach LO, Skerlj RT, Bridger GJ, Schwartz TW. Molecular interactions of cyclam and bicyclam non-peptide antagonists with the CXCR4 chemokine receptor. *J Biol Chem*. 2001;276:14153–14160.

### Erratum

The Invited Perspective “The Real Cost of Theoretic Risk Avoidance: The Need to Challenge Unsubstantiated Concerns About <sup>131</sup>I Therapy,” by Goldsmith (*J Nucl Med*. 2011;52:681–682) contains an error in the first sentence of the sixth paragraph. According to title 10 of *Code of Federal Regulations* part 35.75(a), the originally stated value of 500 mSv in that sentence should have been 5 mSv. The corrected sentence appears below. The author regrets the error.

After the 1997 regulatory modification allowing release of patients receiving more than 1,110 MBq of <sup>131</sup>I—provided the nuclear practitioner has demonstrated to the licensing authority that patients have been instructed on reasonable isolation and that conditions are such that no member of the public is likely to be exposed beyond 5 mSv—Grigsby et al. (2) distributed radiation-monitoring devices to family members (adults, children, and pets) of patients receiving 3.7–5.5 GBq of <sup>131</sup>I.