lution for surgically pertinent information on the anatomic relationship between the tumor and adjacent vital organ structures—information that is crucial for the planning of complicated surgical procedures. If performed at individual centers with expertise, high-quality MR imaging may have the potential to replace or equate with traditional enhanced CT scanning.

Because of the low sensitivity of $^{18}$F-FDG PET for the detection of small and well-differentiated HCC, we have reservations on the use of integrated PET/MR imaging in the future for the selected population of our transplant study. MR imaging is more prone to respiratory averaging effects than CT for small lesions. Its uptake-clearance curve generated from dynamic hepatobiliary contrast agents is quite dependent on the region of interest drawn around the small HCC lesions and is easily obscured or affected by the surrounding cirrhotic background. Although PET/MR imaging is still at the investigational stage, we, as surgeons, are open-minded with regard to any objective data that are ultimately proven useful for patient selection and management.

In conclusion, different imaging modalities have their own limitations and advantages. At our tertiary referral center that manages more than 300 new cases of HCC per year, we believe that dual-tracer PET/CT technique plays a vital supplementary role in the clinical management of our patients with HCC and cirrhosis.

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**Erratum**

In the article "Mapping of Lymphatic Drainage from the Prostate Using Filtered $^{99m}$Tc-Sulfur Nanocolloid and SPECT/CT," by Seo et al. (*J Nucl Med.* 2011;52:1068–1072), the unit of measure for the absorbed dose estimates in Table 1 should have been μSv/MBq, not mSv/MBq. The authors regret the error.