

guidelines. In addition, the variability in activity per body mass and in minimum activity was substantially reduced. The variability in maximum activity was increased, but mostly because some sites reduced their limits while others maintained their previous values. Ten of the 13 institutions reported that they adjusted their scheme for administered activities according to the North American guidelines. Thus, the publication of these guidelines and the associated public relations program appear to have had a positive effect on both dose optimization and procedure standardization in pediatric nuclear medicine. However, more assertive communication regarding the value of the North American guidelines may have led to a higher level of compliance. As more data are gathered and practices are updated and refined, guidelines on administered activities in children will likely continue to evolve.

#### DISCLOSURE

The costs of publication of this article were defrayed in part by the payment of page charges. Therefore, and solely to indicate this fact, this article is hereby marked “advertisement” in accordance with 18 USC section 1734. No potential conflict of interest relevant to this article was reported.

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#### Erratum

In Figure 2 of the article “Gleason Score at Diagnosis Predicts the Rate of Detection of <sup>18</sup>F-Choline PET/CT Performed When Biochemical Evidence Indicates Recurrence of Prostate Cancer: Experience with 1,000 Patients,” by Cimitan et al. (*J Nucl Med*. 2015;56:209–215), the reported sensitivities for serum prostate-specific antigen are incorrect. The correct sensitivities are 58.4%, 79.5%, 84.2%, and 89.8% for prostate-specific antigen levels of 1.00, 1.50, 2.00, and 5.00 ng/mL, respectively. The authors regret the error.