

7. Tachezy M, Zander H, Gebauer F, et al. CXCR7 expression in esophageal cancer. *J Transl Med*. 2013;11:238.
8. Wang J, Shiozawa Y, Wang J, et al. The role of CXCR7/RDC1 as a chemokine receptor for CXCL12/SDF-1 in prostate cancer. *J Biol Chem*. 2008;283:4283–4294.
9. Hattermann K, Held-Feindt J, Lucius R, et al. The chemokine receptor CXCR7 is highly expressed in human glioma cells and mediates antiapoptotic effects. *Cancer Res*. 2010;70:3299–3308.
10. Miao Z, Luker KE, Summers BC, et al. CXCR7 (RDC1) promotes breast and lung tumor growth in vivo and is expressed on tumor-associated vasculature. *Proc Natl Acad Sci USA*. 2007;104:15735–15740.
11. Melo RCC, Longhini AL, Bigarella CL, et al. CXCR7 is highly expressed in acute lymphoblastic leukemia and potentiates CXCR4 response to CXCL12. *PLoS One*. 2014;9:e85926.
12. Dogan BE, Turnbull LW. Imaging of triple-negative breast cancer. *Ann Oncol*. 2012;23:vi23–vi29.
13. Salazar N, Munoz D, Singh RK, Lokeshwar BL. The heterotypic interaction between CXCR7 and EGFR is an alternative proliferation mechanism in breast cancer [abstract]. *Cancer Res*. 2014;74:3336.
14. Wani N, Nasser MW, Ahirwar DK, et al. C-X-C motif chemokine 12/C-X-C chemokine receptor type 7 signaling regulates breast cancer growth and metastasis by modulating the tumor microenvironment. *Breast Cancer Res*. 2014;16:R54.
15. Zhao S, Chang SL, Linderman JJ, Feng FY, Luker GD. A comprehensive analysis of CXCL12 isoforms in breast cancer. *Transl Oncol*. 2014;7:429–438.
16. Ribas R, Ghazoui Z, Gao Q, et al. Identification of chemokine receptors as potential modulators of endocrine resistance in oestrogen receptor-positive breast cancers. *Breast Cancer Res*. 2014;16:447.
17. Choi YH, Chung SY, Kim JH, et al. Increase of CXCL14 and CXCR7 expression in human squamous lung cancers compared with its adjacent normal lung tissues [abstract]. Paper presented at: 2015 ASCO Annual Meeting; May 29–June 2, 2015; Chicago, Illinois.
18. Iwakiri S, Mino N, Takahashi T, et al. Higher expression of chemokine receptor CXCR7 is linked to early and metastatic recurrence in pathological stage I nonsmall cell lung cancer. *Cancer*. 2009;115:2580–2593.
19. Xu C, Fillmore CM, Koyama S, et al. Loss of Lkb1 and Pten leads to lung squamous cell carcinoma with elevated PD-L1 expression. *Cancer Cell*. 2014;25:590–604.
20. Wu YC, Tang SJ, Sun GH, Sun KH. CXCR7 mediates TGFbeta1-promoted EMT and tumor-initiating features in lung cancer. *Oncogene*. July 27, 2015 [Epub ahead of print].
21. Zhang XHF, Jin X, Malladi S, et al. Selection of bone metastasis seeds by mesenchymal signals in the primary tumor stroma. *Cell*. 2013;154:1060–1073.
22. Müller A, Homey B, Soto H, et al. Involvement of chemokine receptors in breast cancer metastasis. *Nature*. 2001;410:50–56.
23. Bierie B, Moses HL. Transforming growth factor beta (TGF-beta) and inflammation in cancer. *Cytokine Growth Factor Rev*. 2010;21:49–59.
24. Bierie B, Chung CH, Parker JS, et al. Abrogation of TGF-beta signaling enhances chemokine production and correlates with prognosis in human breast cancer. *J Clin Invest*. 2009;119:1571–1582.
25. Meincke M, Tiwari S, Hattermann K, Kalthoff H, Mentlein R. Near-infrared molecular imaging of tumors via chemokine receptors CXCR4 and CXCR7. *Clin Exp Metastasis*. 2011;28:713–720.
26. Misra P, Lebeche D, Ly H, et al. Quantitation of CXCR4 expression in myocardial infarction using ^{99m}Tc-labeled SDF-1α. *J Nucl Med*. 2008;49:963–969.
27. Berahovich RD, Penfold MET, Schall TJ. Nonspecific CXCR7 antibodies. *Immunol Lett*. 2010;133:112–114.
28. Zalutsky MR, Moseley RP, Coakham HB, Coleman RE, Bigner DD. Pharmacokinetics and tumor-localization of I-131-labeled anti-tenascin monoclonal antibody-81C6 in patients with gliomas and other intracranial malignancies. *Cancer Res*. 1989;49:2807–2813.
29. Konishi S, Hamacher K, Vallabhajosula S, et al. Determination of immunoreactive fraction of radiolabeled monoclonal antibodies: what is an appropriate method? *Cancer Biother Radiopharm*. 2004;19:706–715.
30. De Silva RA, Peyre K, Pullambhatla M, Fox JJ, Pomper MG, Nimmagadda S. Imaging CXCR4 expression in human cancer xenografts: evaluation of monocyclam Cu-64-AMD3465. *J Nucl Med*. 2011;52:986–993.
31. Lindmo T, Boven E, Cuttitta F, Fedorko J, Bunn PA. Determination of the immunoreactive fraction of radiolabeled monoclonal antibodies by linear extrapolation to binding at infinite antigen excess. *J Immunol Methods*. 1984;72:77–89.
32. Decaillot FM, Kazmi MA, Lin Y, Ray-Saha S, Sakmar TP, Sachdev P. CXCR7/CXCR4 heterodimer constitutively recruits beta-arrestin to enhance cell migration. *J Biol Chem*. 2011;286:32188–32197.
33. Busillo JM, Benovic JL. Regulation of CXCR4 signaling. *Biochim Biophys Acta-Biomembranes*. 2007;1768:952–963.
34. Berahovich RD, Penfold MET, Miao Z, Walters MJ, Jaen JC, Schall TJ. Differences in CXCR7 protein expression on rat versus mouse and human splenic marginal zone B cells. *Immunol Lett*. 2013;154:77–79.
35. Wang H, Beatty N, Chen S, et al. The CXCR7 chemokine receptor promotes B-cell retention in the splenic marginal zone and serves as a sink for CXCL12. *Blood*. 2012;119:465–468.
36. Pandit-Taskar N, O'Donoghue JA, Beylgeril V, et al. Zr-89-huJ591 immuno-PET imaging in patients with advanced metastatic prostate cancer. *Eur J Nucl Med Mol Imaging*. 2014;41:2093–2105.
37. Holland JP, Divilov V, Bander NH, Smith-Jones PM, Larson SM, Lewis JS. Zr-89-DFO-J591 for immunoPET of prostate-specific membrane antigen expression in vivo. *J Nucl Med*. 2010;51:1293–1300.

Erratum

There were several data errors in the article “Dose Escalation Study of No-Carrier-Added ¹³¹I-Metaiodobenzylguanidine for Relapsed or Refractory Neuroblastoma: New Approaches to Neuroblastoma Therapy Consortium Trial,” by Matthay et al. (*J Nucl Med*. 2012;53:1155–1163). In Tables 4 and 6, the activity received by patient N086 was 692 [not 688] MBq/kg. In Table 6, this patient (whose data appear in the last row) had an MIBG response of PR [not CR] and a CT response of CR [not PR]. In addition, on page 1160 the “Response” results should have stated that 2 [not 1] of 11 patients with a measurable soft-tissue lesion had a soft-tissue response, and the “Dose Escalation and Toxicity” results should have stated that 2 [not 3] other patients assigned to level 4 received an adjusted dose of 666 MBq/kg. Finally, the text immediately after this statement should have read as follows: “The sixth and last patient who would have been assigned to level 4 was assigned to level 3 (666 MBq/kg), providing 6 patients evaluable at dose level 3 for response and to document safety, since level 4 was by then deemed infeasible” [not “providing 6 patients evaluable at dose level 3 to document safety”]. The authors regret the errors.