moiety and gastrin-releasing peptide receptor level by the bombesin moiety. However, the major goal of the study was to provide a better detection rate for primary lesions and metastases of prostate cancer instead of knowledge of tumor angiogenesis and gastrin-releasing peptide receptor level. From this point of view, the study was successful because bombesin-RGD PET is better than bombesin PET in lesion detection (*1*). As pointed out in Dr. Iagaru's commentary, the imaging results from bombesin-RGD cannot be used to guide therapy using either RGD or bombesin directly. Because of the high tumor uptake and retention of bombesin-RGD, we are planning to label the heterodimer with β- or α-emitting radioisotopes for endoradiotherapy, which manifests the theranostic value of the heterodimer.

Most clinical trials are a natural consequence of promising preclinical investigations with the purpose of better serving patient management, and bombesin-RGD is not an exception. Both preclinical studies and the pilot clinical study demonstrated the potential of this heterodimer as a PET imaging probe. We are also aware that only a few of the plethora of candidate pharmaceuticals will eventually be approved in clinical trials. Sufficient caution is needed, but exploration is also needed to expand the arsenal for the diagnosis and treatment of malignant diseases. As has been said, it doesn't matter whether a cat is white or black, as long as it catches mice.

## REFERENCES

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## Errata

In the article "Pediatric Radiopharmaceutical Administered Doses: 2010 North American Consensus Guidelines" by Gelfand et al. (*J Nucl Med.* 2011;52:318–322), Webster's formula in Table 2 should read as follows: (Age (y) + 1) × (adult dose)/(age (y) + 7). The authors regret the error.

In the article "[68]Ga-DOTATOC Imaging of Neuroendocrine Tumors: A Systematic Review and Metaanalysis" by Graham et al. (*J Nucl Med.* 2017;58:1452–1458), two values of *n* were incorrect in the paragraph providing sensitivity and specificity results. The corrected paragraph appears below. The authors regret the error.

### Sensitivity and Specificity (Metaanalysis)

The findings of the metaanalysis on the first 7 papers (*8–14*), which reported true-positive, true-negative, false-positive, and false-negative results ($n = 300$), show an overall sensitivity and specificity of 92% (95% confidence interval [CI], 85%–96%) and 82% (95% CI, 69%–90%), respectively (Fig. 2). The diagnostic odds ratio for these papers was 61 (Fig. 3). When we included the 5 papers (*15–19*) that reported only true-positive and false-negative results ($n = 132$), the metaanalysis resulted in an overall sensitivity of 93% (95% CI, 87%–96%) (Table 2).