

19. Sandström M, Garske-Roman U, Granberg D, et al. Individualized dosimetry of kidney and bone marrow in patients undergoing <sup>177</sup>Lu-DOTA-octreotate treatment. *J Nucl Med.* 2013;54:33–41.
20. Kolstad A, Madsbu U, Beasley M, et al. Efficacy and safety results of Betalutin® (177-Lu-DOTA-HH1) in a phase 1/2 study of patients with non-Hodgkin B-cell lymphoma (NHL). Presented at: AACR Annual Meeting; New Orleans, Louisiana; 2016.
21. Svensson J, Hagmarker L, Magnander T, Wangberg B, Bernhardt P. Radiation exposure of the spleen during <sup>177</sup>Lu-DOTATATE treatment and its correlation with haematological toxicity and spleen volume. *EJNMMI Phys.* 2016;3:15.
22. Kulkarni HR, Prasad V, Schuchardt C, Baum RP. Is there a correlation between peptide receptor radionuclide therapy-associated hematological toxicity and spleen dose? *Recent Results Cancer Res.* 2013;194:561–566.
23. Fisher DR, Shen S, Meredith RF. MIRD dose estimate report no. 20: radiation absorbed-dose estimates for <sup>111</sup>In- and <sup>90</sup>Y-ibritumomab tiuxetan. *J Nucl Med.* 2009;50:644–652.
24. Vose JM, Wahl RL, Saleh M, et al. Multicenter phase II study of iodine-131 tositumomab for chemotherapy-relapsed/refractory low-grade and transformed low-grade B-cell non-Hodgkin's lymphomas. *J Clin Oncol.* 2000;18:1316–1323.
25. Forrer F, Oechslein-Oberholzer C, Campana B, et al. Radioimmunotherapy with <sup>177</sup>Lu-DOTA-rituximab: final results of a phase I/II study in 31 patients with relapsing follicular, mantle cell, and other indolent B-cell lymphomas. *J Nucl Med.* 2013;54:1045–1052.
26. Eary JF, Press OW, Badger CC, et al. Imaging and treatment of B-cell lymphoma. *J Nucl Med.* 1990;31:1257–1268.
27. Kaminski MS, Zasadny KR, Francis IR, et al. Iodine-131-anti-B1 radioimmunotherapy for B-cell lymphoma. *J Clin Oncol.* 1996;14:1974–1981.
28. Zevalin summary of product characteristics. European Medicines Agency website. [http://www.ema.europa.eu/docs/en\\_GB/document\\_library/EPAR\\_-\\_Product\\_Information/human/000547/WC500049469.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/000547/WC500049469.pdf). Accessed April 20, 2017.
29. Wiseman GA, Kormmehl E, Leigh B, et al. Radiation dosimetry results and safety correlations from <sup>90</sup>Y-ibritumomab tiuxetan radioimmunotherapy for relapsed or refractory non-Hodgkin's lymphoma: combined data from 4 clinical trials. *J Nucl Med.* 2003;44:465–474.
30. Assié K, Dieudonne A, Gardin I, Buvat I, Tilly H, Vera P. Comparison between 2D and 3D dosimetry protocols in <sup>90</sup>Y-ibritumomab tiuxetan radioimmunotherapy of patients with non-Hodgkin's lymphoma. *Cancer Biother Radiopharm.* 2008;23:53–64.
31. Ljungberg M, Celler A, Konijnenberg MW, Eckerman KF, Dewaraja YK, Sjögren-Gleisner K. MIRD pamphlet no. 26: joint EANM/MIRD guidelines for quantitative <sup>177</sup>Lu SPECT applied for dosimetry of radiopharmaceutical therapy. *J Nucl Med.* 2016;57:151–162.
32. Bexxar: highlights of prescribing information. GSK Source website. [https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing\\_Information/Bexxar/pdf/BEXXAR.PDF](https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Bexxar/pdf/BEXXAR.PDF). Published 2013. Accessed April 20, 2017.

### Errata

In the article “The SNMMI and EANM Practice Guideline for Small-Bowel and Colon Transit 1.0\*” by Maurer et al. (*J Nucl Med.* 2013;54:2004–2013), Table 1 (column 2) incorrectly states that the administered activity for <sup>99m</sup>Tc-labeled nonabsorbable markers (solids) is 18.5–37 MBq/kg (0.5–1.0 mCi/kg) and the administered activity for <sup>111</sup>In-labeled liquids (DTPA) is 3.7–37 MBq/kg (0.1–1.0 mCi/kg). The correct activities are 18.5–37 MBq (0.5–1.0 mCi) and 3.7–37 MBq (0.1–1.0 mCi), respectively. In addition, Figure 1 (options A, B, and C) incorrectly states that the range for 300 mL <sup>111</sup>In water is 3.7–7.4 MBq. The correct range is 3.7–37 MBq. We regret the errors.

In the article “Evaluation of Radiopharmaceutical Adverse Reaction Reports to the British Nuclear Medicine Society from 2007 to 2016” by Kennedy-Dixon et al. (*J Nucl Med.* 2017;58:2012–2014), the Discussion section incorrectly says that “Silberstein (8) found 15 reports of flushing of the face and trunk within minutes of <sup>18</sup>F-FDG administration from 15 nuclear medicine facilities in the United States between 2007 and 2011.” In fact, the cited Silberstein article (*J Nucl Med.* 2014;55:1308–1310) stated that only one episode of facial and truncal flushing had been reported during that interval. We regret the error.