- Van den Broeck T, van den Bergh RC, Briers E, et al. Biochemical recurrence in prostate cancer: the European Association of Urology prostate cancer guidelines panel recommendations. Eur Urol Focus. 2020;6:231–234.
- Tilki D, Preisser F, Graefen M, Huland H, Pompe RS. External validation of the European Association of Urology biochemical recurrence risk groups to predict metastasis and mortality after radical prostatectomy in a European cohort. *Eur Urol*. 2019:75:896–900.
- Dong L, Zhu Y, Xin M, et al. Prospective evaluation of ⁶⁸Ga-PSMA-11 PET/CT in Chinese men with biochemical recurrence after radical prostatectomy for prostate cancer: relationships between location of recurrence, time after prostatectomy, and serum PSA level. *Med Oncol.* 2020;37:89.
- Markowski MC, Sedhom R, Fu W, et al. Prostate specific antigen and prostate specific antigen doubling time predict findings on ¹⁸F-DCFPyL positron emission tomography/computerized tomography in patients with biochemically recurrent prostate cancer. *J Urol.* 2020;204:496–502.
- Hope TA, Goodman JZ, Allen IE, Calais J, Fendler WP, Carroll PR. Metaanalysis of ⁶⁸Ga-PSMA-11 PET accuracy for the detection of prostate cancer validated by histopathology. *J Nucl Med.* 2019;60:786–793.
- Perera M, Papa N, Roberts M, et al. Gallium-68 prostate-specific membrane antigen
 positron emission tomography in advanced prostate cancer: updated diagnostic
 utility, sensitivity, specificity, and distribution of prostate-specific membrane antigenavid lesions—a systematic review and meta-analysis. Eur Urol. 2020;77:403–417.

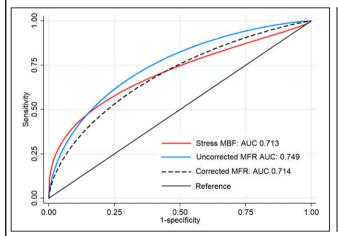
Erratum

In the article "Comparative Prognostic and Diagnostic Value of Myocardial Blood Flow and Myocardial Flow Reserve After Cardiac Transplantation," by Miller et al. (*J Nucl Med.* 2020 Feb;61(2):249–255), Figures 1 and 4 contain errors.

In Figure 1, the AUC for corrected MFR should be 0.714, as noted in the manuscript text as follows: "There were no significant differences in the ability of stress MBF (AUC, 0.713), MFR (AUC, 0.749), or corrected MFR (AUC, 0.714) to identify patients with significant CAV (Fig. 1)." In Figure 4, the labels for corrected and uncorrected MFR have been switched. The correct AUC for uncorrected MFR should be 0.748 and for correct MFR should be 0.724. This is consistent with the current manuscript text as follows: "Uncorrected MFR showed improved discrimination for all-cause mortality compared with stress MBF (AUC, 0.748 vs. 0.639; P = 0.048)."

Due to these significant errors, we have re-reviewed the manuscript for any discrepancies between the manuscript text and tables/figures. Additionally, we have repeated all analyses to ensure accuracy. During this process, we have not identified any additional errors.

Corrected versions of Figures 1 and 4 appear below; the authors sincerely regret these errors.



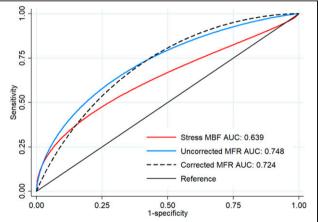


FIGURE 1.

FIGURE 4.