iodinated contrast medium in selected indications; defining the role and thresholds for SUV or other quantitative or semiquantitative indices to differentiate infection from sterile inflammation or malignant processes; determining whether diagnostic accuracy is improved with new digital or large-field-of-view hybrid PET systems, particularly in the evaluation of small lesions, while also reducing administered radiotracer activity; exploring the potential added value of PET/MRI for assessment of infectious processes in general and specifically for indications such as spondylodiskitis, diabetic foot infection, osteomyelitis, polycystic disease, cardiac sarcoidosis, cranial artery vasculitis, and inflammatory bowel disease; comparing the diagnostic accuracy and feasibility of [18F]FDG imaging with that of other modalities (e.g., white blood cell SPECT/CT and MRI) in various indications; understanding the impact on diagnostic accuracy of antibiotic therapy and its duration before imaging; assessing the potential applications of [18F]FDG PET in monitoring therapy response; identifying optimal time points for integrating [18F]FDG PET/CT in the diagnostic workup of infectious and inflammatory processes in terms of cost-effectiveness; and evaluating the potential role of artificial intelligence for [18F]FDG PET/CT in assessment of infectious and inflammatory diseases.

DISCLOSURE

No potential conflict of interest relevant to this article was reported.

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Erratum

In the article "Safety and Efficacy of Extended Therapy with [177Lu]Lu-PSMA: A German Multicenter Study" by Seifert et al. (*J Nucl Med.* 2024;65:909–916), the description of panels B and C of Figure 5 are incomplete. The caption of Figure 5 should read "Kaplan–Meier curves for OS from first [177Lu]Lu-PSMA application for entire cohort (A) and separately for continuous vs. rechallenge treatment cohorts (B). OS curve from start of extended [177Lu]Lu-PSMA therapy separately for continuous vs. rechallenge treatment cohorts (C). The authors regret the error.