Correlation of the findings of thallium-201 chloride scans with those of other imaging modalities and histology following therapy in patients with bone and soft tissue sarcomas

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The authors have written a letter to correct errors that were published in the above article:

1. The study was *retrospective* in design, *not prospective*, as stated in the abstract.
2. Jose Botet was incorrectly listed as being in the Orthopedics Service; he is in the Department of Radiology.
3. John Healey's name was misspelled.
4. On page 1236, the three false-positive cases in MRI were said to have tumours of the sacrum, gluteus medius and proximal humerus, respectively; however, Table 2 listed the locations as the sacrum, gluteus medius and calf, respectively. The latter list is correct.
5. The last sentence in the text should state that "in conclusion, ..., and appears to have higher specificity (not sensitivity) than other imaging modalities."
6. It was stated that 29 patients with musculoskeletal sarcomas were included in the study, but 2 of the 29 patients had plasma cell myelomas.
7. In order for the readers to interpret the findings better, we believe that some additional information should be given regarding the selection of patients and techniques used;

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All patients included in the study were either suspected clinically of having a recurrence or they came for a routine follow-up visit. Fourteen of 29 patients were suspected of having a recurrence based on their radiological findings and/or clinical evaluation (Table 2, cases 5, 7, 9–5, 18, 23–26). At their routine follow-up 3 patients were found to have no clinical or radiological indication of disease (Table 2, cases 27–29). Twelve patients were evaluated after the completion of their chemotherapy and/or radiotherapy protocol to ascertain the response to therapy (Table 2, cases 1–4, 6, 8, 16, 17, 19–22).

The sizes of the lesions ranged from 1.5 to 15 cm (mean: 3.1±3.4). Visualization of the lesions by ^{201}Tl and tumor-to-background ratios was not dependent on the size of the lesions.

MRI was performed in multiple planes with both T1- and T2-weighted pulse sequences for evaluation of bone marrow and soft tissue extent. At least one T1-weighted and one T2-weighted sequence were included in the MRI examination. Since thickness ranged from 5 to 10 mm, depending on the size of the tumour.

CT scans included 5- to 10-mm-thick sections through the tumour. IV contrast was administered in all patients. Selective contrast angiography was done using the intra-arterial digital subtraction method.

The authors believe that the overall results and conclusion of the study are valid and they deeply regret any confusion they may have caused.