

Functional imaging in pheochromocytoma and neuroblastoma with ^{68}Ga -DOTA-Tyr³-octreotide positron emission tomography and ^{123}I -metaiodobenzylguanidine: a clarification

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Dear Sir,

In our recently published article [1] the arrows in Fig. 2c (^{68}Ga -DOTA-TOC PET) point to the left kidney, whose uptake is physiologic. The arrows in Fig. 2c should point to the pathologic uptake inferior to the left kidney. We appreciate the opportunity to correct the figure. In this patient the uptake in the neuroblastoma is much higher in Fig. 2a and 2b (^{123}I -MIBG) than in Fig. 2c. However, the uptake in this particularly large primary tumour was low (Fig.2c) compared to the physiologic uptake in the liver. As this was the only patient whose uptake was low on ^{68}Ga -DOTA-TOC PET (1 of 11), the variability of SST expression on neuroblastoma and pheochromocytoma

cells could be better addressed in larger studies. In contrast, in the remaining 10 patients, lesions visible on ^{68}Ga -DOTA-TOC PET were clearly demarcated due to the high resolution and specific binding process compared to planar ^{123}I -MIBG imaging (Figs.1, 3b–d).

References

1. Kroiss A, Putzer D, Uprimny C, Decristoforo C, Gabriel M, Santner W, et al. Functional imaging in pheochromocytoma and neuroblastoma with ^{68}Ga -DOTA-Tyr³-octreotide positron emission tomography and ^{123}I -metaiodobenzylguanidine. *Eur J Nucl Med Mol Imaging*. 2011;38:865–73. doi:10.1007/s00259-010-1720-x.

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