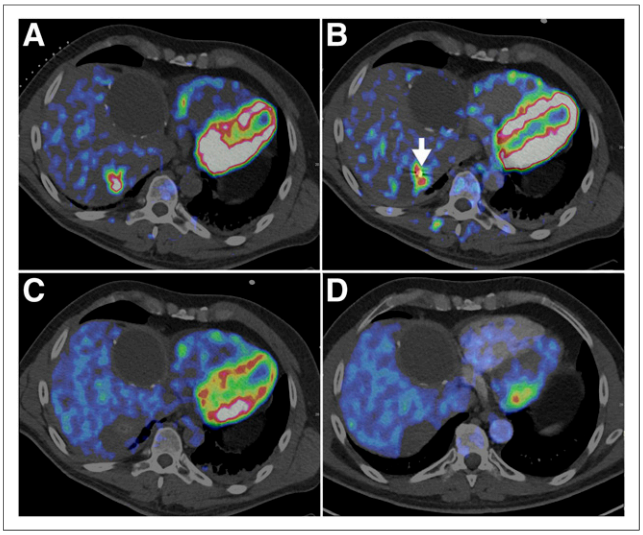

FIGURE 2. (A and B) Images before (A) and during (B) PET/CT-guided microwave ablation of metastasis using split-bolus approach. Arrow in intraprocedural image denotes microwave antenna. (C) Image immediately after ablation shows resolution of ^{18}F-FDG avidity, confirming treatment efficacy. (D) PET/CT 1 mo after ablation demonstrates no focal PET avidity.

ultrasound. PET can delineate the metabolically active focus for ablation, thereby minimizing the likelihood of undertreatment. Furthermore, our experience shows that split-dose, PET-guided microwave ablation is feasible in a nonspecialized tertiary care hospital using commercially procured ^{18}F-FDG.

CONCLUSION

Intraprocedural PET can guide and confirm ablation of hepatic lesions that are otherwise occult on CT and ultrasound.

DISCLOSURE

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

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Erratum

In the article "Pharmacology, Part 3A: Interventional Medications in Renal and Biliary Imaging" by Currie (*J Nucl Med Technol.* 2018;46:326–334), information from an additional guideline was inadvertently left out of the "Sincalide (Kinevac; Bracco Diagnostics Inc.)" section. The corrected paragraph and additional reference appear below. The author regrets the error.

Proper Use and Dose Administration. The patient should have fasted for a minimum of 4 h and a maximum of 6 h to ensure that gallbladder filling of the radiopharmaceutical is not impeded by residual endogenous cholecystokinin (45-min half-life) contracting the gallbladder or a full gallbladder due to absence of any endogenous cholecystokinin for a long period (*1*). *The traditional dose of sincalide is 0.02 μg/kg intravenously over 3–5 min (1,12,15,17,18).* A larger second dose of 0.04 μg/kg diluted in 10 mL of saline administered intravenously over 5 min may be used if gallbladder contraction is not achieved with the first dose (*1,12*). *The short duration administration produces greater variability in the normal gall bladder ejection fraction, and the current SNMMI guideline advises a 30–60 min infusion of 0.02 μg/kg or over 3 min for sphincter of Oddi dysfunction. More recent studies by Ziessman et al. recommend the use of an infusion 0.02 μg/kg over 60 min to reduce variability in response.*

Additional reference:

Ziessman H, Tulchinsky M, Lavely W, et al. Sincalide-stimulated cholescintigraphy: A multicentre investigation to determine optimal infusion methodology and gallbladder ejection fraction normal values. *J Nucl Med.* 2010:51: 277–281.