

## Erratum

# Superiority of FAPI-PET/CT for examining multiple malignant tumors: a retrospective study: Am J Cancer Res. 2023; 13(10): 4547-4559

Wei Li, Zhiyun Jiang, Nan Cui, Jiatong Li, Liang Cheng, Wei Liu, Jing Li, Kezheng Wang

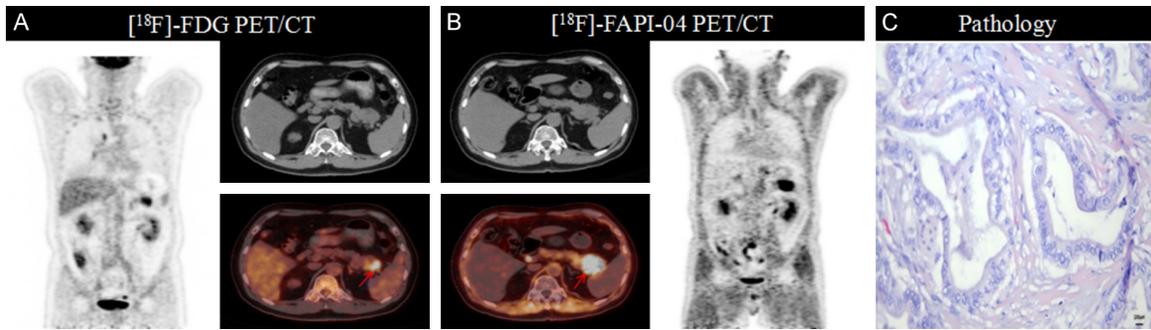
*Department of PET-CT/MRI, Harbin Medical University, Harbin Medical University Cancer Hospital, Harbin 150081, Heilongjiang, China*

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We discovered that **Figure 3** in this article uses the same case image as Figure 1 in another article published by our team, titled “[<sup>18</sup>F] AIF-NOTA-FAPI-04 PET/CT as a promising tool for imaging fibroblast activation protein in gastrointestinal system cancers: a prospective investigation of comparative analysis with <sup>18</sup>F-FDG”, DOI: 10.1007/s00259-023-06351-9. Therefore, we provide the correct version to displace the wrong figures. This does not affect the core conclusions of the article or the integrity of the research data. We sincerely apologize for this oversight and hope to correct it promptly.

The corrected **Figure 3** is shown as follows.

**Address correspondence to:** Kezheng Wang, Department of PET-CT/MRI, Harbin Medical University, Harbin Medical University Cancer Hospital, No. 150 Haping Road, Nangang District, Harbin 150081, Heilongjiang, China. Tel: +86-0451-85718900; E-mail: wangkezheng9954001@163.com



**Figure 3.** Results of pancreatic cancer examination. A 66-year-old male patient presented with persistent left upper abdominal pain for 3 months and elevated CA199 levels. The patient reported that ultrasound indicated a solid mass in the tail region of the pancreas, suspected to be malignant. Further evaluation with [<sup>18</sup>F]-FDG PET/CT and [<sup>18</sup>F]-FAPI-04 PET/CT was performed before treatment. A. [<sup>18</sup>F]-FDG PET/CT images demonstrated pancreatic tail occupancy with SUVmax: 7.5. B. [<sup>18</sup>F]-FAPI-04 PET/CT images displayed pancreas tail occupancy with SUVmax: 14.25. In addition, the pancreatic body inflammation was very clear. C. Surgical pathology indicated a well-differentiated ductal adenocarcinoma of the pancreas, Scale bar, 100  $\mu$ m.