

ERRATUM

Erratum: “AAPM task group report 303 endorsed by the ABS: MRI implementation in HDR brachytherapy—Considerations from simulation to treatment” <https://doi.org/10.1002/mp.15713>

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TABLE 5 An example of generalized 2D/3D FSE VFL scan parameters for GYN and prostate BT from two institutions

	Slice Prescription ¹	TE (ms)	TR (ms)	Voxel Size (mm) ⁷	ETL	Readout BW (Hz/pix) ⁵	Scan Time (min)
GYN BT (Institution 1, based on a 3.0 T Siemens Verio scanner)							
2D FSE ²	PA, PS, PC	85	2500	0.9×0.9×3.0	16	440/880	3
3D FSE VFL	Ax	85 ³	2500	1.0×1.0×1.5	300 ⁴	440/880	12 ⁶
GYN BT (Institution 2, based on a 3.0 T Philips Ingenia scanner)							
2D FSE ²	Ax, Sag	100	4471	0.45×0.45×3.0	30	244.1	5:13
Prostate BT (Institution 2, based on a 3.0 T Philips Ingenia scanner)							
2D FSE ²	Ax, Sag	100	5194	0.6×0.6×2.0	29	244.1	3
3D FSE VFL	Ax	245	1800	0.65×0.65×2.0	79	455.3	5:40

¹Ax = Axial, Sag = Sagittal, and PA = Para-Axial, PS = Para-Sagittal, PC = Para-Coronal to Applicator for GYN

²Full 3D gradient non-linearity (GNL) correction may not be supported for 2D sequences.

³Effective TE reported for 3D FSE VFL

⁴Echo train duration reported for 3D FSE VFL

⁵Readout bandwidth reported for 1.5T/3.0T; Additional optimization to recover SNR may be required.

⁶Longer scan times may benefit from administration of antispasmodic agents to reduce motion.

⁷Use of in-plane and through plane interpolation and acceleration methods (e.g., partial Fourier and parallel imaging) can introduce blurring and artifacts and should be verified prior to clinical use.