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	0.9x0.9x3.0	16	440/880	3
3D FSE VFL	Ax	85[3]	2500	1.0x1.0x1.5	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	0.45x0.45x3.0	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	0.6x0.6x2.0	29	244.1	3
3D FSE VFL	Ax	245	1800	0.65x0.65x2.0	79	455.3	5:40

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

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

[3]Effective TE reported for 3D FSE VFL

[4]Echo train duration reported for 3D FSE VFL

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

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

[7]Use 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.