Noninvasive Diagnosis of Hepatocellular Carcinoma: Elaboration on Korean Liver Cancer Study Group-National Cancer Center Korea Practice Guidelines Compared with Other Guidelines and Remaining Issues

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The publisher and authors would like to the readers' attention to an error in the following article. Noninvasive Diagnosis of Hepatocellular Carcinoma: Elaboration on Korean Liver Cancer Study Group-National Cancer Center Korea Practice Guidelines Compared with Other Guidelines and Remaining Issues. Korean J Radiol 2016;17(1):7-24.

The article contained incorrect figure captions. Legends of figures 3 and 4 were switched in original version. The correct figure captions are as follows: **Fig. 3. Surgically confirmed cholangiocarcinoma in 49-year-old man.** On gadoteric acid-enhanced MRI, there is approximately 7 cm arterially enhancing mass in S8 (**A**, arrowheads). Mass (arrowheads) shows isointensity on portal venous phase (**B**) and hypointensity on transitional (**C**) and hepatobiliary (**D**) phases, as compared with surrounding liver parenchyma. Mass can be diagnosed with hepatocellular carcinoma on basis of Korean Liver Cancer Study Group-National Cancer Center Korea guideline, whereas it does not meet Liver Imaging Reporting and Data System recommendation that only accepts "portal washout". **Fig. 4. Gadoteric acid-enhanced MRI in 69-year-old man with chronic hepatitis C.** On arterial phase (**A**), 1.2 cm enhancing nodule is seen in S8 (arrows), which is hyper-, hypo-, and hypointense on portal venous (**B**), transitional (**C**), and hepatobiliary (**D**) phases. Western guidelines are not applicable and it does not meet criteria of LR-5, but nodule is diagnosed with hepatocellular carcinoma according to Korean Liver Cancer Study Group-National Cancer Center Korea and Japan Society of Hepatology guidelines.