

Letter to the Editor

In Response: We appreciate the comments by Dr. Nguyen and colleagues on our work and agree with several of their comments. Here, we express our thoughts to hopefully clarify some issues that they found worthy of criticism. First, when designing the study, we were expecting to detect differential changes in perfusion and metabolism of benign and malignant pancreatic tumors but did not appreciate the prognostic power of the composite functional imaging. Because benign tumors were found to inflict changes in pancreatic perfusion, we decided to analyze these patients as a separate group, which indeed decreased statistical power but yet revealed patterns of functional changes that we felt to be of importance and merit our selected approach for analysis. We agree that nonparametric testing would have been more appropriate for intergroup comparison as Gaussian distribution was not reached. We also thank Nguyen and coworkers for performing the Mann-Whitney Wilcoxon test, which proved to yield a comparable *P* value to that of our original *t* test. It is also correct that the small number of malignant tumors including two cases of neuroendocrine carcinoma rendered correlation between functional parameters and tumor-node-metastasis ratio impossible, but this does not deny our finding that malignant tumors showed distinct features in composite analysis of regional perfusion and metabolism.

The fact that all lesions were at least 2.5 cm in size reflects the study selection criteria in which regional analysis of perfusion and metabolism would have been difficult in very small lesions. Because of the scanner resolution of 6.0 mm full-width half-maximum, we would not be comfortable in extending our conclusions to lesions below 2.0 to 2.5 mm, owing to partial volume effects and the fact that we did not apply motion correction. We are thankful for Nguyen and colleagues for raising this important limitation of the application of the current results.

We have clearly acknowledged the major limitation of small patient number in both the Discussion and Con-

clusion sections of the manuscript (1). The link between glucose metabolism, hypoxia, compromised perfusion, and the aggressive phenotype has been reviewed recently by several esteemed authors (2–4) and we feel that our findings in pancreatic lesions fit well into the scenario of cancer adaptation to hostile microenvironment.

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Disclosure of Potential Conflicts of Interest

No potential conflicts of interest were disclosed.

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