

12/19/2016

Lian-Sheng Ma, MD  
President and Company Editor-in-Chief,  
Baishideng Publishing Group Inc.,  
World Journal of Radiology (WJR)

Reference: Manuscript NO.: **31150**

Dear Dr Lian-Sheng Ma,

Please find attached the revised manuscript, titled “Multimodality imaging using proton magnetic resonance spectroscopy imaging (1H-MRSI) and 18F-FDG-positron emission tomography (18F-FDG-PET) in local prostate cancer by Amita Shukla-Dave et al., which we would like to advance for publication as an original research article in the World Journal of Radiology.

We are happy to note that Reviewers (R) # 1 (code 00580233) and #2 (code 00468840) found the manuscript as well written with authentic results well supported by conclusion and had no critiques for us to address. Minor comment from Reviewer #2 was to include abbreviation key which we have already done as key words in the abstract of the original submitted manuscript. We are thankful to Reviewer (R) # 3 (code 00468214) for the valuable comment and for the opportunity to explain by our reply in this letter. The reply to the critique of Reviewer # 3 is pasted below and as it is a clarification we did not include it in the text of the manuscript. Also the replies to the suggested changes by the Editor (Ed) are pasted below. We are very happy to note that there is no major change in the revised manuscript except that the reference numbers are in square brackets in superscript and we have added PubMed citation numbers and DOI citation to the reference list and listed all authors.

Thank you very much for your time and consideration.

Sincerely,

Amita

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Our specific clarifications are written below:

**Response to Reviewer (R) #3 (code 00468214):**

Dear authors, the topic is actual and interesting; however 22 patients represents a too small sample to rule out significant results. Moreover, PET-CT scan would not probably be routinely available in most centers, and costs might be too expensive. In addition, its low sensitivity for localised primary prostate cancer detection is already well-known.

*Reply: We appreciate the comment about FDG PET-CT and we agree on its limited role in prostate cancer imaging. Our work is really tailored toward understanding the sequence of metabolic arrangements in prostate cancer, with changes in the intermediary metabolism preceding changes in glycolysis. Thus, we do not envision a routine use of FDG PET/CT in prostate cancer, but rather its very selective use in a small minority of patients with very aggressive malignancies for prognostication and treatment-selection purposes. In these patients, FDG positivity as a late and ominous event in prostate cancer progression can be utilized to justify a selection of more aggressive treatment strategies. In such prognostic application, low sensitivity of FDG PET/CT for prostate cancer will actually offer an advantage in selecting a small subset of patients for treatment escalation. Of course, future research is needed to establish clinical and pathologic criteria for super-selective FDG PET/CT utilization in prostate cancer.*

**Response to Editor's (Ed) comments and edits:**

*Reply: We have accepted all comments and suggestions made by the editor. The changes are marked in the revised manuscript and listed below:*

1. *Please find signed pdf files for all the statements listed below:*
  - a. *Institutional Review Board statement*
  - b. *Informed consent statement*
  - c. *Conflict-of-interest statement*
  - d. *Data sharing statement*
2. *We have put the reference numbers in square brackets in superscript.*
3. *We have added PubMed citation numbers and DOI citation to the reference list and list all authors.*
4. *We have put the Audio Core Tip file at the assigned manuscript website.*