

Response to Reviewer #1

Thank you for reviewing our manuscript.

1. Is the diagnosis of neuroendocrine tumor made by hematoxylin and eosin staining. Are other stainings needed?

Besides hematoxylin and eosin staining, it is also necessary for immunohistochemical staining for Synaptophysin, Chromogranin A, etc. The immunohistochemical results have been supplemented on page 11, lines 260 to 263 (Figure 7). Related content has been added on pages 4 and 5, lines 115 to 117. "Immunohistochemical analysis showed that the tumor cells were positive for insulinoma-associated protein 1, synaptophysin, and cluster of differentiation 56 (Figure 7)."

2. Approach to a patient with a calcified mass in the pancreas Is it a ^{99m}Tc -MIBI SPECT/CT shot? Why is the first shot ^{99m}Tc ?

^{99m}Tc -MIBI is a nonspecific tumor imaging agent. The clinicians know that our ^{99m}Tc -MIBI SPECT/CT studies have made some progress in differentiating benign from malignant lesions. They hope that ^{99m}Tc -MIBI SPECT/CT can be used to differentiate benign from malignant pancreatic tumors, because compared with ^{18}F -FDG PET/CT, ^{99m}Tc -MIBI SPECT/CT is a relatively cheap and easily available imaging technique.

3. How can an inoperable tumor be operated without biopsy?

According to the patient and her family members' willingness, the pancreatic tumor was operated without biopsy.

4. Line 106...Excision of the pancreatic body and tail, upper abdominal mass and spleen was performed 2 days after ^{99m}Tc -MIBI SPECT/CT. Where is the surgery macroscopy.

The upper abdominal mass discovered by CT (the mass with multiple calcifications between the pancreas and the spleen) is actually a part of the tumor in the pancreatic body and tail. As mentioned in this article, "During the operation, a pancreatic lesion was seen to expand outward and extend into the spleen. This was inconsistent with the abdominal CT findings." Therefore, for better clarification, details have been revised on page 4, lines 106 to 108. "Excision of ... upper abdominal mass discovered by CT (the mass with multiple calcifications between the pancreas and the spleen) and..."

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Response to Reviewer #2

[Thank you for reviewing our manuscript.](#)

The authors reported their experience on the usefulness of ^{99m}Tc-MIBI SPECT/CT for detecting pancreatic NET. They presented a single case of a 57-year-old woman admitted with a 1-day history of persistent upper abdomen distending pain. The upper abdomen distending pain aggravated after eating, with nausea and retching. Routine blood test showed high level of neutrophil percentage, low levels of leukomonocyte percentage, monocyte percentage, leukomonocyte count, and eosinophil count. Abdominal plain CT showed a mass with multiple calcifications between the pancreas and the spleen. The boundary between the mass and pancreas and spleen was ill-defined. Contrast-enhanced CT revealed that the upper abdominal mass was unevenly enhanced. ^{99m}Tc-MIBI SPECT/CT showed that a focal radioactive concentration, with mild radioactive concentration extended into the upper abdominal mass, was present at the pancreatic body and tail. The ^{99m}Tc-MIBI SPECT/CT manifestations were consistent with the final pathological diagnosis of pancreatic NET. The authors concluded that ^{99m}Tc-MIBI SPECT/CT seems to be a valuable tool to detect pancreatic NET. The authors should be congratulated for their work.

[We thank the reviewer for this positive comment.](#)

Response to Reviewer #3

Thank you for reviewing our manuscript.

There is no need to present all blood results in a tabular form in this article. In this case report, the importance of radiological images is explained, so I suggest deleting the table and explaining the results in the table in the text. The authors stated that there is no "⁶⁸Ga-DOTATATE PET/CT" technology in China in the study. This is not true. There are tens of thousands of studies using advanced technology (including DOTA PETCT) published. It would have been more understandable if the author had stated that this technology was not available in their center. In the discussion section, a paragraph should be written about the place of ⁶⁸Ga-DOTATATE PET/CT technology in NET behavior and the difference between MIBI and DOTATE should be stated.

1. The table has been deleted.

2. For better clarification, details have been revised on page 5, line 134. "but the method is not easily available in our hospital"

3. The related content of "⁶⁸Ga-DOTATATE PET/CT technology in NET behavior and the difference between MIBI and DOTATE" has been added on page 5, lines 135 to 143. "More than 90% of well-differentiated GEP NETs express somatostatin receptors [8]. Functional imaging technique of gallium-68 dota-octreotate (⁶⁸Ga-DOTATATE) positron emission tomography (PET)/CT uses radiolabeled somatostatin analogs to localize NETs. Research showed that the sensitivity of ⁶⁸Ga-DOTATATE PET/CT was about 95% for detecting pancreatic NETs [7]. Unlike ⁶⁸Ga-DOTATATE, ^{99m}Tc-MIBI is a nonspecific tumor imaging agent. However, compared with ⁶⁸Ga-DOTATATE PET/CT, ^{99m}Tc-MIBI SPECT/CT is a relatively cheap and easily available imaging modality. Herein, we present a case of pancreatic NETs detected by ^{99m}Tc-MIBI SPECT/CT."