

Ga-68 Prostate-specific Membrane Antigen-HBED-CC Positron Emission Tomography–Computed Tomography in Anaplastic Thyroid Carcinoma

We read with interest the article “Ga-68 prostate-specific membrane antigen-HBED-CC positron emission tomography–computed tomography in anaplastic thyroid carcinoma” by Subudhi *et al.*^[1] We congratulate the authors on their novel outlook for an appropriate treatment for an aggressive malignancy and also to establish functional imaging modality. We agree with the authors that anaplastic thyroid carcinoma is a very aggressive malignancy with limited treatment options, even in this era.

We have a few queries which may interest future readers. Did the authors take into account the type of anaplastic thyroid carcinoma? And if so, whether some variants of anaplastic thyroid carcinoma selectively imaged more than other variants?^[2-4] Did the type of anaplastic carcinoma pure versus transformed variety affect the uptake and Standardised uptake value (SUV) levels? Were any of these patients had an intake of tyrosine kinase inhibitors or any other treatment? The mean survival was of 2 months, and what was the cause of death in majority of these patients?

Thanks for comment on these issues.

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Conflicts of interest

There are no conflicts of interest.

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