

## PDT with a Glucose-Conjugated Chlorin for GIST—Response

Hiromi Kataoka and Mamoru Tanaka

We thank Drs. Linch and Hayes for their kind comments on our study.

Generally, photodynamic therapy (PDT) is a local treatment and usually used for early esophageal cancer and early gastric cancer under endoscopy.

In this study (1), we considered that the target of our novel PDT with glucose-conjugated chlorin was a small GIST around 2 cm in diameter or less, not metastatic GIST lesions.

Usually, watchful wait is recommended for small GIST lesions, but a rare case was reported in which a small GIST in the stomach showed rapid growth and metastasis to the

liver (2). We perform endoscopic submucosal dissection (ESD) for small early gastric cancer, but we cannot perform ESD for a small GIST that grows from the deep layer of the gastric wall. If our novel PDT for the small GIST is performed instead of watchful wait and GIST completely disappears, the cases of GIST with surgical operation and/or chemotherapy will decrease.

Linch and colleagues gave us the other suggestions about combination knockdowns of GLUT1, 3, and 4. In fact, we tried but almost all GIST-T1 cells died by GLUT combination knockdown. We speculate that pan-GLUT inhibitors will be effective for GIST.

About GLUT2, we mainly focused on GLUT1, GLUT3, and GLUT4 from the previous reports about PET-CT of the tumors (3, 4). In the future, we would like to see the PDT effects against genetically mutant GIST cells and also to see the function of GLUT2 in GIST.

**Disclosure of Potential Conflicts of Interest**

No potential conflicts of interest were disclosed

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