Dear Editor and readers,

We would like to thank Dr. Kotzerke and his colleagues for the important insights into the uptake of DOTA-EB-TATE, an albumin-binding octreotate developed by us (1-4). The results presented Dr. Kotzerke are of high importance, suggesting that the radiometal chelated into the DOTA moiety affects the uptake and perhaps binding of both DOTA-TATE and EB-DOTA-TATE. The authors concluded that "As a consequence of the different uptakes, only different isotopes of the same element (like ⁸⁶Y/⁹⁰Y or ⁶⁴Cu/⁶⁷Cu) can be used for the assessment of biokinetic data".

Although the data presented by the authors are intriguing, we would like to argue that: (1) These results are not specific to EB-DOTA-TATE but are seen with DOTA-TATE as well. It is common practice to use ⁶⁸Ga-DOTA-TATE to detect tumor SSTR2 expression before radionuclide therapy with ¹⁷⁷Lu-DOTA-TATE and so far, this practice seems to prove itself. Moreover, ⁶⁸Ga-DOTA-TATE scan has significantly lower radiation exposure to the patient than other longer-lived isotopes labeled same ligand. It would be unreasonable in our opinion to use ⁸⁶Y for imaging when a much safer option is available. (2) The authors derive their conclusion from *in vitro* cell uptake and extrapolated the result to predict the *in vivo* pharmacokinetics. It would be more appropriate to draw a more conclusion from actual *in vivo* studies.

We look forward to seeing data from a more in-depth *in vivo* studies done, perhaps, by Dr. Kotzerke and colleagues.

References:

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