[CANCER RESEARCH 36, 1848, May 1976]

Correspondence

Re: Richard J. Elkort, Alfred H. Handler, and David L. Williams. Early Neoplasia of Rabbit Pancreatic Ductal Cells Induced by Dimethylhydrazine. Cancer Res., *35:* 2292–2294, 1975.

The publication of R. J. Elkort *et al.* is very disappointing in terms of the authors' interpretation. The investigators reported on results of a single rabbit whose pancreatic duct was exposed to dimethylhydrazine via catheterization. They described induction of "early, well-differentiated carcinomas arising in the pancreatic duct," 56 days after the 2nd implant. However, the representative histological figures (which seem to me to be misnumbered) show nothing more than mild hyperplasia, probably due to the marked chronic inflammation of the epithelium, which has a structure resembling that of the ampulla. There are no atypical cells or invasion, as stated by the authors. The misinterpretation of the findings is regrettable and very confusing. The study of pancreatic cancer is of a high priority, and it seems this factor may lead to exaggeration and misinterpretation of findings.

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In reply to Dr. Pour's comments, we certainly agree that the results we reported were based on observations in a single rabbit. However, this was not an isolated observation since similar but not as advanced histological changes have been observed in other rabbits exposed to dimethylhydrazine delivered directly to the pancreatic ductal cells (1). We also agree that this lesion probably should not be interpreted as a carcinoma since neither unequivocal invasion nor metastasis was demonstrated. However, we do think that it represents an interesting proliferative lesion which is more than mild hyperplasia but less than frank carcinoma. Prior to publication, these slides were submitted to a panel of pathologists at Boston University as well as to pathologists outside of that institution. Our description, therefore, represents the general consensus of the opinions of several pathologists. However, we recognize that histopathological interpretation is a highly subjective specialty and that terminology depends upon the definition that one chooses to use for a given pathological condition. We do not dispute Dr. Pour's right to call this lesion mild hyperplasia, but we do reserve the right to disagree with that interpretation.

Finally, our preparative technique involves the gross separation of the pancreas into periduodenal, head, body, and tail portions. All the sections described in the paper came from the "head" portion of the gland. No specific abnormalities were noted in the separate sections taken from the body, tail, and peri-ampullary regions. The proximal portion of the pancreatic duct including the peri-ampullary region is always sectioned separately because we recognize that confusion can occur in observations made in this area. In the particular animal reported upon, the sections from the periampullary region showed no gross or microscopic abnormalities.

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REFERENCE

1. Elkort, R. J., Handler, A. H., and Mozden, P. J. Preneoplastic Changes in Rabbit Pancreatic Duct Cells Produced by Dimethylhydrazine. Intern. J. Cancer, *16:* 810–818, 1975.

Cancer Research
The Journal of Cancer Research (1916–1930) | The American Journal of Cancer (1931–1940)

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Cancer Res 1976;36:1848.