

RESPONSE TO REVIEWERS

July 12, 2014



ESPS Manuscript NO: 10155

Dear Sir/Madam,

Please find enclosed the edited manuscript (file name: 10155-review.doc). The manuscript has been revised and improved based on the suggestions of reviewers: Changes in the manuscript based on the review are shown in **RED**. The references and typesetting were corrected. The manuscript was edited by Dr. Alan T Lefor, as a native speaker of English.

Thank you again for your continued consideration of our manuscript for the *World Journal of Gastroenterology*.

Sincerely,

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The title must be informative, specific, and brief (Title should be no more than 10~12 words/60 bytes. Please revise it). Words should be chosen carefully for retrieval purposes. All nonfunctional words should be deleted, such as 'the', 'studies on', 'observations of', and 'roles of', etc.

We have modified the title, which is now "Preoperative evaluation of colorectal cancer using CT colonography, MRI and PET/CT" in accordance with this suggestion.

1. Reviewer No. 69680

- (1) pag. 6: the ability of CT colonography to complete colonic examination after incomplete colonoscopy due to obstructive cancer and to precisely localize the tumor should be deeper discussed.

Thank you for this important suggestion. We have added a significant amount of further explanatory material to this discussion. In addition, five references were added to expand the discussion. This is added to the section on CT colonography (pages 6-7).

- (2) pag. 7 line 6: the sentence "...such as irregular or spicular projections into the pericolic adipose tissue, is usually related to the T stage of the tumor." refers probably to an advanced T stage (T3); please clarify.

Thank you for pointing out this error. We have now changed "T stage" to "T3/4 stage".

- (3) pag. 8, line 13: the sentence "Dual-- - energy CT may evaluate the degree of invasion by..." is a bit unclear, please explain.

We have now clarified this important point with added material (page 9), including reference 15.

- (4) pag.10 line 3: "The detection of metastatic lesion by CT is good...", please rephrase.
- (5) pag. 10 line : "CT scan is superior for not only...", please state which technique CT is superior to.
- (6) pag. 10: it should be emphasized that intravenous contrast media is mandatory for staging CT.
Response:

Thank you for these important suggestions. The material is now rephrased and new material has been added (pages 10-11).

- (7) pag. 19: MRI evaluation of rectal cancer after neoadjuvant treatment should be better discussed or alternatively excluded from the paper.

Thank you for this important point. We have expanded the discussion of this important issue, and have added two new references to help support the discussion. (Page 21)

- (8) pag. 20: authors should briefly describe how PET/CT colonography is performed in comparison to "plain" PET/CT

Thank you for this important suggestion. A sentence has been added to clarify the use of PET/CT colonography in comparison to plain PET/CT on page 22.

Minor comments:

pag. 6 line5: the word "precision" should be substituted with "accuracy"

pag. 6 line 9: the word "precision" should be substituted with "sensitivity"

pag. 10 line 7: "85% accuracy" should be substituted with "a sensitivity of 85%"

pag. 10 line 8: "low concentration area" should be substituted with "hypoattenuating lesion"

pag. 10 line 9: "Liver metastases from colorectal cancer are basically ischemic"; maybe authors meant "...are basically hypovascular".

pag. 13 line 15: the sentence "MRI is recommended equally with CT for patients with colon cancer" is unclear, please rephrase.

We have modified all of these points according to the suggestions of the reviewer.

Authors should emphasize better the benefits and limitations of each technique.

Reviewer No. 57910

Some tables showing the different results of all techniques in literature should be prepared.

This is a very important point and definitely strengthens the manuscript. We have added a table (Table 1) that explain the characteristics of the imaging modalities discussed in the paper. In this table we emphasized the benefits and limitations of each technique.