



PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 75945

Title: Hepatobiliary phases in magnetic resonance imaging using liver-specific contrast for focal lesions in clinical practice

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06251349

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Brazil

Manuscript submission date: 2022-02-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-25 05:22

Reviewer performed review: 2022-03-04 15:43

Review time: 7 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

1. In the author's article, "the exclusion criteria are shown in Figure 2." (line 6 of the first paragraph in the results), and the name of Figure 2 is "Flowchart of patients and lesions included in the study." There seems to be some contradiction between them. Please unify their appellation. In addition, the author's so-called flowchart is very nonstandard. Please refer to the flowchart format involved in the World Journal of Gastrointestinal Oncology published articles. 2. Please indicate the B value in diffusion weighted imaging? 3. The author's results show that stage 3/4 has the highest AUC value, but there is no significant difference with stage 5. Can it be considered that stage 3/4 can be achieved by only using stage 5 or collecting diffusion-weighted sequences? After all, liver-specific contrast agents are expensive in some countries. Of course, I know that for small lesions in the liver, the hepatobiliary phase with liver-specific contrast agents may show more clearly than diffusion-weighted sequences. Perhaps the authors can stratify the lesion size or discuss the value of the hepatobiliary phase in the diagnosis of small lesions.



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Reviewer's code: 06116901

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor, Chief Doctor, Lecturer, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Japan

Author's Country/Territory: Brazil

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

The authors analysed the significance of gadoxetic acid on diagnosis for focal liver lesions. The total number of studied lesions was excellent, however, the methodology of this study contained serious limitations. Thus, the authors need to re-design following points below, otherwise it is not justified to publish in this journal. 1. The purpose of this study was to clarify the effect of the contrast agent, and the comparison should be done between with and without the particle. Because diffusion-weighted sequences do not need using these kinds of the contrast agents, this stage should be added to images without contrast. Then the addition of hepatobiliary phases should be come later. 2. The purpose of this study did not have enough clinical impact for me as a specialized hepato-pancreato-biliary (HPB) surgeon. The value of liver-specific contrast is not only for diagnosis of pathology but also for revealing biliary anatomy without invasive interventions. The hepatobiliary phase after 20 minutes shows the important information of biliary anatomy on HPB surgery, such as the variation of the confluence of the right posterior duct whether into the right anterior or left duct. This simple and specific fact is quite useful to avoid biliary complications after HPB surgery. If this study could not prove the significance on the radiological diagnosis, still it would be very precious for HPB surgeons.