

Format for ANSWERING REVIEWERS

June 19th, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format.

Title: Low dose Four-Dimensional Computerized Tomography with Volume Rendering Reconstruction for Primary Hyperparathyroidism: How I Do It

Author: Timothy A. Platz, DO*¹ Moshim Kukar, MD*¹ Rania Elmarzouky, MD*² William Cance, MD*¹ Ahmed Abdelhalim, MD*²

Name of Journal: *World Journal of Radiology*

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The manuscript has been improved according to the suggestions of reviewers:

1. Revision has been made according to the suggestions of the reviewer

The paper is generally well-written with outstanding English and grammar. One major limitation of the paper is that any conclusion is strictly limited to primary hyperparathyroidism. For the much common secondary/tertiary hyperparathyroidism associated with end-stage renal disease, these conclusions may not stand – both due to the diffuse nature of parathyroid enlargement, as well as the associated bony changes, especially with advanced cases (Symmetrical Craniofacial Hypertrophy in Patients with Tertiary Hyperparathyroidism and High-dose Cinacalcet Exposure. *Hemodial Int* 2012 (Oct); 16(4): 571-576). The author's statement about reduced radiation exposure is an important message in the current era of "life-time" radiation exposure with repeated CTs. However, it would be helpful for the general readership quickly to recite the radiation exposure associated with some basic procedure (e.g., PA and lateral CXR; abdominal CT; pulmonary angiogram). Along the same theme, explain what 4D (vs 3D) in this context means.

Response: We agree with the reviewers and that is a limitation of our study however patients with primary hyperparathyroidism form the majority of patients with this disease. The radiation exposure with basic procedures have been so is the explanation of 4DCT.

Minor comments:

Introduction:

-last sentence: correct spelling to "in-depth"; parenthesis left after the period...

Discussion:

-2nd -3rd sentence: "diagnostic accuracy.... 70-89%"... unclear, what they mean; PPV?, correlation? (radiology vs histology; success rate?). Please, consider rephrasing/explaining

-2nd para, 3rd-4th row: "false negative..."[place FN in parentheses, as this would be an abbreviation]

Response: We appreciate you pointing to these mistakes and they have been corrected. Diagnostic accuracy is defined by the correlation between predicted diseased gland utilizing radiological findings and confirmation of

actual site of diseased gland utilizing intraoperative findings and pathologic confirmation.

2. References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Radiology*.

Sincerely yours,

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