

Format for ANSWERING REVIEWERS



August 7, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11594-edited_AL.doc).

Title: Computed Tomography colonography in 2014: An update on technique and indications

Author: Andrea Laghi

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 11594

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

a. Reviewer 01047714

No comments

b. Reviewer 00061678

Dear Editor, Authors Thank you for sending such review for revision "CT colonography in 2014: an update" - It is a good idea to be discussed - well organized and well written - updated references - Needs significant comparison studies between colonoscopy. A table with data from relevant studies in comparison with CS was added to the manuscript, as requested also by a different reviewer.

c. Reviewer 00504766

This is an interesting and valuable review. But there are a few problems in the current manuscript. I have list a few comments below that may improve the manuscript.

Abstract

The abbreviation of "colonoscopy" is "CS", but not "CC". Otherwise, "conventional colonoscopy" can be shortening as "CC". Ok, done

CT colonography is not noninvasive but less invasive. Please collect. I modified the first two sentences accordingly.

Core Tip

The abbreviated term of CC should be corrected. Ok, done

Introduction

CT colonography is less invasive examination. Modified as requested. Please refer to the text.

Technique

Page 5 Line 15: Authors should add below reference that compared the two tagging agents. Nagata K, Singh AK, Sangwaiya MJ, et al. Comparative evaluation of the fecal-tagging quality in CT colonography: barium vs. iodinated oral contrast agent. Acad Radiol 2009;16:1393-1399. Added

Page 6 Lines 2-4: The effectiveness of Buscopan for colonic distension during CTC is still controversial. Bruzzi et al. showed that Buscopan did not improve the overall adequacy of colonic distension or the accuracy of polyp detection. Please comment and reference below reference. Bruzzi JF, Moss AC, Brennan DD, MacMathuna P, Fenlon HM. Efficacy of IV Buscopan as a muscle relaxant in CT colonography. Eur Radiol 2003; 13:2264-2270. Text modified accordingly and reference added

Page 6, Line 17: The abbreviation term "CAD" is shortening of "computed aided detection" but not "computed-assisted diagnosis". Please see Core Tip (page 3). Modified

d. Reviewer 00503612

Thank you for the opportunity to review this manuscript. A few comments/questions:
The formatting needs to be re-done to match the instruction for editors. Ok, done

Please expand on the contraindications portion and please provide proper references not as they relate to CC but to CTC. Done (please refer to the highlighted text)

Please describe what you mean as "reduced bowel preparation"? In fact, you have to drink things similar to CC and then in some cases drink for fecal tagging. How is this reduced? What we describe is a preparation consisting only in the oral administration of a contrast medium, without the need for any laxative agents. I clarified better in the text.

In the abstract and core tip, you should add an overview of the raw data--how accurate is it, what is the adenoma detection rate, FP, False negatives? Due to limitations in the number of words, I cannot add other data than those already present

When discussing the indications and recommendations by societies, it is important to note that we are talking about screening and in average risk. This needs to be pointed out. I am sorry but this is not always the case. Ref. 6 refers to a position paper between ESGE and ESGAR, not only on screening, but also on symptomatic patients

You need to discuss the range of accuracy, false positives, false negatives, and learning curve, especially as it relates to adenomas and Cancers and sizes. You mention this as it relates to a few individual studies but this needs to be in 1 or 2 tables with several series of the best papers and a summary. Done; a table containing all the relevant data was added to the text

Please go into more detail about the learning curve of the radiologist. This is a major factor that should be addressed and weighs into the consideration of doing it. A paragraph discussing training/learning curve has been added on page 8

e. Reviewer 00227398

Please emphasize that bleeding and diarrhoea are good indications for colonoscopy, but pain or weight loss are good indications for ct colon - it is worth mentioning the paper that suggests that ct colon may also predict whether colonoscopy is likely to be successfully completed. Done;

please refer to the text (page 10 and page 12).

f. Reviewer 02941498

Dear Author, This manuscript is a comprehensive, well-written review on CT colonography, however I have some comment to this paper.

CTC is a "minimally invasive" test, rather than a "noninvasive" test ? Ok, modified

CAD" is the abbreviation of computer-aided detection/ diagnosis ? Ok, modified

CC" is the abbreviation of conventional colonoscopy ? We used CS as suggested by another reviewer

HNPCC" is the abbreviation of hereditary nonpolyposis colorectal cancer, but the term "Lynch syndrome" is used more often nowadays. Added, as requested

Sensitivity, specificity, NPV and PPV for adenomatous and polyps should be given for CTC and this should be summarized in a table. A table comparing CC and CTC could be also useful. Table I was added, as requested

What extra-colonic findings can CTC detect? How common are they? A table could be useful here, as well. A paragraph on ECF was added (see page 9).

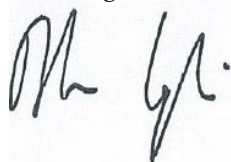
How is the learning curve of CTC? A paragraph dealing with training/learning curve was added on page 8, please refer to the text

3. References and typesetting were corrected

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

Sincerely yours,

Andrea Laghi, MD

A handwritten signature in black ink, appearing to read 'Al. Lg.', is positioned below the printed name 'Andrea Laghi, MD'.