

October 7, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format.



Title: Magnetic Resonance Imaging of the Cirrhotic Liver - An Update

Author: Agnes Watanabe, Miguel Ramalho, Mamdoh AlObaidy, Hye Jin Kim, Fernanda G. Velloni, Richard C. Semelka

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 13746

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

R1. Dear authors, Congratulations for preparing this comprehensive review.

R2. This is a comprehensive review on MRI of lesions in cirrhotic liver. Just a few minor concerns to address.

1) In the Introduction section, paragraph 11, it is not clear what the percentages (76 vs. 61%, 61 vs. 52%, 90% vs. 78% and 77 vs. 54%) meant. Likewise, in paragraph 12, the comparison is not clear (84 vs. 47% and 85 vs. 68%).

We've changed the wording for clarity.

2) In the Introduction section, paragraph 12, please quote reference for the AASLD recommendation.

We've updated the statement to adhere to the most recent recommendations by the AASLD, and quoted the reference.

3) In the Protocol section, is the protocol center-specific and how do you decide which sequences to use for specific conditions in cirrhotic liver?

We've tried to cover the "per-minimum" imaging protocol, used in majority of institutions for liver imaging in this section, and expanded on additional imaging pulse sequences/techniques (value of increased T2 signal, DWI/ADC values, T2* signal, and utilization of hepatobiliary-specific agents), accordingly, in their perspective sections under the heading "Future Directions". We recognize, however, the fact that different centers in different countries might have a different approach to imaging cirrhotic livers i.e., utilization of hepatobiliary-specific contrast agent, but we chose to include that in a separate sections, as there are no specific well-established guidelines for these agents yet. In our institution, patients with liver cirrhosis undergo the same MR protocol using MultiHance®, without too many variations on that protocol.

4) Also, for readers not familiar with imaging sequences, some explanations are needed. A table that summarizes the similarity and differences on MRI features between lesions would be useful for reader.

We've done that as recommended.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Richard Semelka'.

Richard C. Semelka, MD