Format for ANSWERING REVIEWERS

April 3, 2015

Dear Editor,

Please find the enclosed edited manuscript (file name: 17361-Review.doc) in word format.

Title: Accuracy of computed tomography in nodal staging of colon cancer patients

Authors: Audrey H Choi, Rebecca A Nelson, Hans F Schoellhammer, Won Cho, Michelle Ko, Amanda Arrington, Christopher R Oxner, Marwan Fakih, Jimmie Wong, Stephen M Sentovich, Julio Garcia-Aguilar, Joseph Kim

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We have revised the manuscript according to the suggestions of reviewers and the changes are highlighted on the edited version for ease of review:

1 Format has been updated.

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

Reviewer 00012309: Perhaps certain acronyms should be better explained for non-specialist readers.
A: Usage of acronyms was reviewed throughout the manuscript to ensure that all acronyms were appropriately explained.

Reviewer 02890068: The conclusion should be more addressed to the benefit of the patient and the cost could be considered. What is your recommendation as compared with other well used methods for diagnosis? What are the advantages and disadvantages?
A: Since patients should undergo staging CT of the abdomen/pelvis prior to surgical resection, the use of CT for preoperative LN identification would not result in an additional imaging study or added cost. The benefit to the patient was highlighted in the conclusion with the addition of the following revision on page 8: "The patient derived benefit of accurate preoperative CT identification of LNs would be the reliable diagnosis of stage III disease prior to surgery with the potential eligibility for neoadjuvant treatment strategies." Currently, there is no well-established method of preoperative LN identification for colon cancer, although CT, MRI, and PET have all been investigated and are compared in the discussion (see bottom of page 7). Of the 3 imaging modalities, CT appears to have better sensitivity in LN detection than either PET or MRI and also has lower costs.

Reviewer 00012499: Image review is suboptimal. I would leave out the outside radiologic review (multiple institutions and therefore no quality control), leave out surgeon's opinion, and replace these by at least one more experienced radiologist review with a statistical assessment of the extent of agreement. If thresholds can be chosen such that 99% sensitivity/low specificity can be achieved, one could use CT for exclusion of some of the patients from further treatment and enter the rest into further diagnostic workup. Please discuss this.
A: The reviewer's comments are well-taken. This study approach was designed to reflect the real world circumstances of clinical practice. As such, the comparison between outside radiologic review and dedicated re-review at a referral center is necessary in order to highlight the differences in LN detection. The intent of the study design has been clarified in the discussion on page 7: "This approach was designed to mirror actual clinical practice, particularly in tertiary care and referral centers, as patients frequently arrive for initial consultation with outside imaging and reports of variable quality."

3 References and typesetting were corrected.

Thank you again for considering our manuscript for publication in the *World Journal of Gastrointestinal Surgery.*

Sincerely,
Joseph Kim, MD
Department of Surgery
1500 E. Duarte Rd.
Duarte, Ca 91010
Office: (626) 476-7100; Fax: (626) 301-8865
Email: jokim@coh.org