

Genève, 24.08.2016

N/réf : [WJR paper 26681]

T direct : 022 372 70 33

Re:paper 26681 for WJR

Dear Sir,

We have read the comments on the website which said:

“

The authors compared the assessment of CVR using CO2BOLD (carbon dioxide blood oxygenation level dependent) MRI versus PET and SPECT as reference standard. They proposed that CO2BOLD can be used for pre-surgical assessment of CVR in patients with moyamoya syndrome and combines the advantages of absent irradiation, high availability of MRI and assessment of brain parenchyma, cerebral vessels and surrogate CVR in one stop. This is a useful study for assessing the patients with moyamoya disease. However, the results should be validated in the subsequent study in various institutes with large sample size.

”

It also requested some language polishing which we did.

I hope you will find the paper acceptable for publication in the World Journal of Radiology

Sincerely Yours



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Genève, 29.08.2016

N/réf : [KOL 2016 WJR 26681]

T direct : 022 372 70 33

Re : manuscript :WJS 26681

Detailed response to changes :

1 : the title has now been shortened as requested

2-6. the postcodes were added

8 : we have now shortened the objectives part of the abstract as requested.

9 : COI

10 :SNF

11 :The ethical committee accepted the study and a waiver for consenting was given. This is explained in the pdf.

12 : biostatistics : this is a study of a small sample of patients. The statistics are explained in the materials and methods section and were performed by Dr Sven Haller.

13 : the clinical data is not shared or available on any system besides the hospital IT system.

14 : The address was changed, as well as phone and fax numbers to Dr Lovblad

17 :We also changed the objectives part of the abstract as requested.

18 : we have done an audio coretip as requested

19 : we have now superscripted the reference numbers

20 We have now added a comment section

We have now corrected the references by adding all the authors as well as add the PMID and doi where available



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