

**Dear Professor Lian-Sheng Ma,
Founder and Chief Executive Officer,**

On behalf of co-authors, we thank you very much for considering a revised version of our manuscript "R2* value derived from multi-echo Dixon technique can aid discrimination between benign and malignant focal liver lesions" (Manuscript ID: 60414), which we wish to be considered for publication in *World Journal of Gastroenterology*. We thank the reviewer for the kind comments and suggestions. We have thoroughly corrected the manuscript based on the editor and reviewers' comments. In the revised manuscript, we have added the "article highlights" section at the end of the main text and provided the original figures and tables using PowerPoint and Word. As below, we list the changes, and provide point-to-point responses to the reviewer's comments. The changes we made to the text are highlighted in red.

We do hope that the revised manuscript can be judged as acceptable for publication in *World Journal of Gastroenterology*. If any more responses are considered to be necessary, please let me know.

Looking forward to hearing from you soon.

Best regards,

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Point-to-point Response

Reply to reviewer

Comment 1: I would not include figure 3 and table 4 as data presented could be easily presented only in text.

Response: Thank you for your suggestion. According to your suggestion, we have deleted figure 3 and table 4, and presented the data in text only.

Revised manuscript (R2 analysis, page 9, line 5-9): "The mean R2* values measured by 2D-ROI methods were significantly higher in the malignant group than in the benign group (37.99 ± 17.71 vs $18.6 \pm 8.43/s$, $P < 0.001$). The mean R2* values measured by VOI methods were significantly higher in the malignant group than in the benign group (41.11 ± 19.01 vs $20.61 \pm 9.01/s$, $P < 0.001$)."*

Revised manuscript (ROC analysis, page 9, line 19-23): "The AUC of 2D-ROI was 0.884 (95% confidence interval [CI], 0.819 to 0.950) at a cut-off of 25.2/s, with a sensitivity of 84.6% and specificity of 80.0% for differentiating benign from malignant FFLs. The VOI method yielded an AUC of 0.875 (95% CI, 0.806 to 0.945) at a cut-off of 26.7/s in distinguishing benign from malignant FFLs, with a sensitivity of 85.9% and specificity of 76.7%."

We tried our best to improve the manuscript and made changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list all the changes but marked in red in revised paper.

We appreciate for Editors and Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your kind comments and suggestions.