

ANSWERING REVIEWERS

Firenze, 31/12/13



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6821-review.docx).

Title: Role of preoperative CT colonography in patients with colorectal cancer

Authors: Lapo Sali, Massimo Falchini, Antonio Taddei, Mario Mascalch

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6821

The manuscript has been improved according to the suggestions from You and Reviewers:

1 - Format has been updated

2 - Revision has been made according to the suggestions of the Reviewers. The changes in the manuscript are outlined in red.

Reviewer #02438768:

- a) "At present, some studies have indicated that CTC has a good sensitivity for patients with large (≥ 10 mm) colorectal lesions (adenomas and cancers), compared with a lower sensitivity for those smaller (< 5 mm) colorectal lesions..."

Re: As suggested by the Reviewer, the limitation of suboptimal CTC sensitivity for small polyps was added as follows (page 6, line 20):

"Moreover, its sensitivity for intermediate polyps (6 to 9 mm) is lower than that of colonoscopy, namely 70%, and even worse, 48%, for diminutive lesions (< 5 mm) [23]. In fact, small polyps can be overlooked by preoperative CTC."

Reference 23 was added and the subsequent references were renumbered.

- b) "...Although it may play a significant role in the preoperative staging of CRC, and is useful in detecting the lymph node, CTC has difficulty in detecting lymph node micrometastasis, which will have a direct impact on the preoperative staging of CRC, the prediction prognosis, and the option of adjuvant therapy."

Re: As suggested, a sentence concerning unsatisfactory accuracy of CTC for nodal staging was added (page 10, line 3):

"Notably, the accuracy of CTC for nodal staging may be unsatisfactory because the presence of regional lymph-node metastases represents an important indication for adjuvant chemotherapy, and up to 30% of node-negative patients eventually develop distant metastases, possibly as a consequence of lymph-node micrometastases [49]."

Reference 48 was added and the subsequent reference was renumbered.

- c) "Compared with optical colonoscopy, one limitation of CTC is the lack of biopsies"

Re: A sentence regarding lack of biopsy capability of CTC was added (page 6, line 19):

"However, CTC has some limitations. It does not allow the biopsy or removal of discovered lesions, precluding histological diagnosis."

Reviewer #02533615:

- a) "Technique and benefits of CTC are well described but its limitations are not mentioned as lack of biopsies. "

Re: see reply to comment n.3 of #02438768 Reviewer.

- b) "All advantages given by CTC are considered but, as for staging, importance represented by contrast enhanced CT scan for detection of metastases should be should not be limited."

Re: According to Reviewer's suggestion, the sentence "Finally, crucially CTC allows identification of retroperitoneal or iliac lymph nodes enlargement, liver metastases..." (page 10, line 13) was modified as follows:

"Finally, similar to standard contrast-enhanced abdominal CT, CTC with intravenous contrast administration allows for the identification of liver metastases (Fig. 6), retroperitoneal or iliac lymph node enlargement, and the presence of peritoneal carcinosis (Fig. 7)."

- c) "Considering positive, but also negative, aspects of CTC, final conclusions should be fettered by more extended remarks."

Re: As suggested, Conclusion section of the paper was re-written as follows (page 10, line 21):

"CTC is a reliable technique to define the precise segmental location of CRC, to establish the presence of synchronous cancers and polyps greater than 10 mm, and to perform a fairly accurate tumor staging. These factors notwithstanding, CTC has some limitations, including a lack of biopsy capability, suboptimal sensitivity for synchronous small polyps, and unsatisfactory nodal staging. Bearing in mind these limitations, CTC could be employed as a "one-stop-shop" examination for preoperative assessment in patients with CRC."

We also added these sentences in the Abstract (page 2):

"CTC has some limitations, including a lack of biopsy capability, suboptimal sensitivity for synchronous small polyps, and unsatisfactory nodal staging. Bearing in mind these limitations, CTC could be employed as a "one-stop-shop" examination for preoperative assessment in patients with CRC."

3 References and typesetting were corrected

Hoping that the present version of the paper will satisfy requirements to be accepted for publication on World Journal of Gastroenterology, my co-workers and I would like to thank You and the Reviewers for the help in improving the quality of our protocol.

Best regards,



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