

1. We have a typo in the writing that has been corrected. In fact, the analysis performed by the readers (radiologists) in this study was carried out in 4 stages, since diffusion is part of the non-contrast phases (step 1). Thanks for the correction. When writing our text, we made the correction and also changed the ROC curve.
2. Discussion

(paragraph 5/ discussion)- We add: "Other cases individualized according to the diagnostic suspicion in clinical practice may require phases after 20 or possibly up to 30 minutes after contrast medium injection, for example the differentiation between biliary lesions and extra biliary cysts that do not communicate with bile ducts, such as duodenal duplication cysts, duodenal diverticula and pseudo cysts. The liver-specific contrast delineates the biliary tract demonstrating the communication of the biliary cystic lesions. Considering the complexity of the hepatic anatomy as well of the more refined surgical techniques, the previous Knowledge of the biliary anatomy and its variations becomes increasingly important in the preoperative planning. The anatomical and functional characterization of intra and extrahepatic biliary tract is provided through biliary excretion of the gadoxetic acid, and can reduce the occurrence of postoperative complications. In addition, hepatobiliary contrast-enhanced cholangiography allows for the accurate detection of postoperative complications (biliary fistulas, bilomas)³⁶⁻³⁸."

(last paragraph/ discussion)- We add: "In another active area of investigation, morphofunctional MRI with liver-specific contrast may provide a system for stratifying patients according to risk of recurrence with a likely influence on the outcomes of locoregional HCC treatments³⁹."

Best regards, thank you,
The authors.