

Format for ANSWERING REVIEWERS

July 1, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 18370-review.doc).

Title: Focal liver lesions: Practical magnetic resonance imaging approach

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Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 18370

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

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

Reviewer 1.

The authors review the use of MRI for the focalliver lesions. There are numerous articles on this topic. However, the topic is of great interest for two reasons, reporting the groups' experience and emphasizing the emerging contrast media. Indeed, the widespread of cross-sectional imaging has brought to a growth in of incidentally detected focal liver lesions. A reliable detection and characterization of FLL is indeed critical for optimal patient management and never a lesion to another one, although the histology may be the same. It should be emphasized the age of the lesions and more how these lesions become more evident an how the differential diagnosis changes during the different steps of carcinogenesis. Thus, MRI plays a key role in non-invasive characterization of focal liver lesions, but the multiparametric ability of pre- and post-contrast sequences needs to better emphasized. In particular, gadoxetic acid, which is a hepatocyte-specific magnetic resonance imaging contrast agent with the ability to detect and characterize focal liver lesions, needs to be better emphasized and more clearly distinguished from other contrasting agents.

Gadoxetic agent provides structural and functional information about the hepatobiliary system. Knowledge of the pharmacokinetics of gadoxetic acid is paramount to understanding imaging protocol and patterns of lesion appearance. This study (see Abdomin Imaging recent papers) may facilitate the identification and avoidance of undesired effects with use of this intravenous contrast agent. A particular emphasis on the hepatobiliary phase needs to be added as well.

We did this as requested.

I agree on new techniques such as diffusion-weighted sequences and hepatocyte-specific contrast agents, generally speaking, are being currently used in clinical practice, but discussion is far to be accurate and complete.

We extended the discussion as requested, however we tried to keep technical details to a minimum as the target readers of the *World Journal of Hepatology* are clinical physicians including general gastroenterologists, hepatologists and hepatic surgeons.

Tables on different pro's and con's of contrast agents need to be provided.

We added the table 1 as requested.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Hepatology*.

Sincerely yours,

Richard C. Semelka