

Format for ANSWERING REVIEWERS

April 15, 2018



Dear Editors,

On behalf of all the authors, I would like to thank you for your consideration of this paper. In the revised manuscript you will find the changes that we made in response to the Reviewers. In this response to reviewer letter we also indicated how we have dealt with the Reviewers' comments.

Please find enclosed the edited manuscript in Word format (file name: -Review 1.doc).

Title: MR WITH Gd-EOB-DTPA IN ASSESSMENT OF LIVER NODULES IN CIRRHOTIC PATIENTS

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Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 38791

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

Reviewer # 1

Q: Definitive diagnosis of nodules in cirrhotic liver is made by histology. This review is not giving important contribution to the literature.

A: Dear Reviewer, thank you for the comment. We agree with you that definitive diagnosis of nodules in liver parenchyma could be made through biopsy, but accordingly to the most recent guidelines the

biopsy approach to date is reserved to those cases of so called undetermined nodules (no typical behavior at different imaging modalities). Moreover the aim of our paper was to offer and update (last cited article 2018) of literature regarding behavior of nodules at MR after injection of hepatobiliary contrast, reviewing and offering a schematic and reliable approach to the liver nodules through a schematic and summarizing diagnostic tree, useful for medical physicians both radiologist and non-radiologist.

Reviewer # 2

In this review article authors summarized role of MRI with Gd-EOB-DTPA in the diagnosis of focal lesions in the cirrhotic liver. Authors evaluated Gd-EOB-DTPA in the diagnostics of small and large regenerative nodules, low-grade dysplastic nodules, high-grade dysplastic nodules, early hepatocellular cancer (HCC), well differentiated HCC and poorly differentiated HCC. Authors also comment International Guideline for HCC surveillance. Paper is well written, but some changes are needed

A: Thank you for the consideration of this paper and for your comment.

Q: Please, summarize data from text in 1 or 2 tables

A: According to reviewer suggestions the data were summarized in 2 tables.

Q: Please, add short recommendation for standard clinical practice

A: A short recommendation about the clinical approach on HCC lesions and liver nodules on cirrhotic patients has been added to the text (see underlines...paragraph), as requested.

Q: Sentence: In fact, in their series hypointense nodules = 15 mm has a higher risk to progress to overt HCC in comparison to hypointense nodules > 15 mm (HR= 3.55; 95%CI 0.79.12.3) is not correct, there is not statistical significance.

A: The sentence was modified accordingly to reviewer suggestion.

Reviewer # 3 Riccardo Inchingolo et al. review MR with Gd-EOB-DTPA in assessment of liver nodules in cirrhotic patients and find that this enhancement technique is very useful in differentiating regenerative nodules (RN), low-grade dysplastic nodules (LGDN), high-grade dysplastic nodules (HGDN), early HCC and progressed HCC. There is almost no linguistic problem in this manuscript and this work is worth enough for possible publication in WJG after some minor comments listed below are properly responded.

A: Thank you for the consideration of this paper and for your comment.

Q: 1. Page 3, lines 3. HCC should be spelled out at its first presentation in the manuscript.

A: The word "HCC" was spelled out in "Hepatocellular carcinoma", being the first presentation.

Q: Page 3, lines 6. Accordingly, Hepatocellular Carcinoma should be abbreviated as HCC since it is the third presentation in the manuscript.

A: The word Hepatocellular Carcinoma has been abbreviated in "HCC", accordingly.

Q: Page 5, lines 18. ... gadolinium-ethoxybenzyl-dieth-ylenetriamine ... should be ... gadolinium-ethoxybenzyl-diethylenetriamine ...

A: the word gadolinium-ethoxybenzyl-dieth-ylenetriamine has been modified in

gadolinium-ethoxybenzyl-diethylenetriamine.

Q: Page 11, lines 10. In DW), is In DWI,

A: The word DW has been updated with "DWI" as requested.

Q: Page 27. Figure legend, lines 5. Paneles d-h is Panels e-h.

A: The word paneles was modified.

Q: Page 28. Figure legend of Figure 4, there is no figure legend or explanation concerning panel e.

A: We are sorry for the occurred mistake, and explanation of panel e has been added in the figure legends.

Finally, we wish to thank the Editor and the Reviewers for their comments that helped us to increase the value of our paper.

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

Sincerely yours,

Riccardo Inchingolo, MD

Radiologia Diagnostica ed Interventistica

Ospedale Madonna delle Grazie

Matera