

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology

**ESPS manuscript NO:** 21591

**Title:** Computed tomography colonography for the practicing radiologist: A review of current recommendations on methodology and clinical indications

**Reviewer's code:** 00069608

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-07-27 11:04

**Date reviewed:** 2015-08-11 02:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

This paper reviews technique and clinical recommendations of CT colonography. Most of the pertinent literature is cited in the paper. The recommendations for CT colonography proposed by authors are in line with relevant studies in the field and with consensus statements by American Gastroenterological Association (AGA), American College of Radiology (ACR), and European Society of gastrointestinal radiology/endoscopy (ESGAR/ESGE). Major comments: none. Minor comments: - "...most cancers develop from a small subset of adenomatous polyps due to sequential accumulation of mutations in specific genes[2]." Reference n. 2 does not seem appropriate for this statement. Please verify. - "...it is indicated in FOBT-positive or symptomatic patients and as preventive strategy in patients at increased risk of CRC[5]." Reference n. 5 is not entirely appropriate for this sentence. Please verify. - The sentence "...recent randomised studies have shown no significant differences in diagnostic performance between CT colonography and OC have been showed for clinically relevant polyps in a population of asymptomatic average-risk individuals[10]." is not clear and needs language polishing. Do authors refer to the randomized trial published by

Stoop EM et al. Lancet Oncol 2012? Please revise. - "CT colonography is also useful to demonstrate post-surgical colonic anatomy and offers information about wall morphology of the anastomosis[16,25,26]." References n. 25 and 26 do not seem appropriate for this statement. Please verify. - "However, the role of CT colonography is controversial in estimating the parietal involvement caused by inflammatory bowel diseases (IBDs) and there are only few studies reporting the performances of CT colonography in such setting[39,40]" Reference n. 39 is not appropriate here. Please verify. - "...including magnesium citrate and (saline cathartics);...." This sentence seems incomplete. Please revise. - "Nevertheless, rare anaphylactoid reactions have been reported after its oral administration..." Authors should also consider this reference: Miller SH. Anaphylactoid reaction after oral administration of diatrizoate meglumine and diatrizoate sodium solution. AJR Am J Roentgenol. 1997;168(4):959-61 - Reference n.71 is cited before ref. n. 70 (page 12). - "Colonic lesions detection is highly influenced by maximum collimation; for this reason, narrow collimations not exceeding 3mm, are recommended[23, 84]. In particular, according to the ESGAR consensus, a collimation of less than 3 mm is currently endorsed[56]." The repetition in these sentences should be avoided. - "...no statistically significant difference in terms of sensitivity and specificity among 2D and 3D reading strategies has been reported in literature[105]." This statement is apparently in contradiction with the study by Pickhardt cited a few lines above, which showed a reduced sensitivity of 2D approach. Please consider revising these sentences. - "However, even if second read CAD may increase sensitivity for polyp detection,..." Authors should cite a proper reference here, such as: Regge D, Della Monica P, Galatola G, Laudi C, Zambon A, Correale L, Asnaghi R,Barbaro B, Borghi C, Campanella D, Cassinis MC, Ferrari R, Ferraris A, Hassan C, Golfieri R, Iafrate F, Iussich G, Laghi A, Massara R, Neri E, Sali L, Venturini S, Gandini G. Efficacy of computer-aided detection as a second reader for 6-9-mm lesions at CT colonography: multicenter prospective trial. Radiology. 2013 Jan;266(1):168-76 - ".....the advanced adenoma, defined as a lesion measuring  $\geq 10$  mm with high-grade cellular dysplasia[7,101]." For a definition of advanced adenoma authors should also consider: Winawer SJ, Zauber AG. The advanced adenoma as the primary target of screening. Gastrointest Endosc Clin N Am. 2002 Jan;12(1):1-9, v. Review.

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<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

This study consists of narrative review study that aims to illustrate the current literature concerning CT colonography to better delineate its major clinical indications and the most updated recommendations on the technique methodology. This subject seems relevant because describes updated indications to CT colonography proposed by the recent ESGE/ESGAR consensus. Also the method for answering the research question seems appropriate, although it could be more systematic and rigorous. Congratulations for your work and for your contributions to improve our health. However, the structure and content of the manuscript needs minor improvements: - The structure of manuscript is not classic one (introduction, material and methods, results, discussions and conclusion). It could result confused to reader. - In the second paragraph of Introduction section two documents are cited: "... several European countries with significant reduction in number of deaths from CRC3,4". It would more adequate supporting this affirmation with guidelines since the content of the phrase refers to recommendations about CRC screening. - In the fourth paragraph of Introduction section this text is included: "(...) in fact, even if the benefits of its employment in CRC



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mass screening have not fully established yet, (...)”. However, there is a Health technology assessment report about efficacy, safety and efficiency of CTC colonoscopy vs optical colonoscopy for CRC screening. This report is available on: [http://www-csalud.dmsas.sas.junta-andalucia.es/contenidos/nuevaaetsa/up/AETSA\\_2011\\_1\\_ColonoscopiaTAC\\_eng.pdf](http://www-csalud.dmsas.sda.sas.junta-andalucia.es/contenidos/nuevaaetsa/up/AETSA_2011_1_ColonoscopiaTAC_eng.pdf) - For ESGE/ESGAR consensus the recommendations are followed of strong of recommendation and the level of evidence. In this manuscript the updating could include the same structure and highlight the changes that this update have added to original consensus. Also, the bibliography is wide and seems that the search developed have been comprehensive. So, the databases, search strategies and inclusion criteria could be described. Congratulations again for your work and for your contributions to improve our health.