Response to decision letter

The authors thank the editor and reviewers for the valuable comments. According to their suggestions we undertook revisions and critically discussed all points raised. The corresponding changes are included in the revised text and are detailed below. We believe that these revisions have considerably strengthened the manuscript.

Point-by-point statement

<u>**Editor**</u>

Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).
For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies mentioned in 'The Revision Policies of BPG for Article'.

The manuscript was translated by the co-author Richard Andrew Mason who is a native speaker:

Abstract, Aim, No more than 20 words, and start with "To".

As requested the section "AIM" has been shortened:
To establish a CT-morphological classification for hepatic alveolar echinococcosis was the aim of the study.

Abstract, Methods, no less than 80 words.

As recommended the appropriate section has been expanded:
The CT morphology of hepatic lesions in 228 patients with confirmed AE drawn from the Echinococcus Databank of the University Hospital of Ulm was reviewed retrospectively. For this reason, CT datasets of combined PET-CT examinations were evaluated. The diagnosis of AE was made in patients with unequivocal seropositivity; positive histological findings following diagnostic puncture or partial resection of the liver; and/or findings typical for AE at either US, CT, MRI or PET-CT. The CT-morphological findings were grouped into the new classification scheme.

Audio core tip: In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information.

The appropriate audio file has made available already in the first submission.

Please provide all authors abbreviation names and manuscript title here. World J Gastroenterol 2015; In press

As recommended the name of the authors and the title has been inserted:

Graeter T, Kratzer W, Oeztuerk S, Haenle MM, Mason RA, Hillenbrand A, Kull T, Barth TEF, Kern P, Gruener B. Proposal of a computed tomography classification for hepatic alveolar echinococcosis. World J Gastroenterol 2015; In press

Please finish the comments

As requested the comments were inserted:

Background

Human alveolar echinococcosis (AE) is the most lethal human helminthic infection and is one of the 17 neglected tropical diseases prioritized by the World Health Organization (WHO). Its incidence is low in endemic regions of Central and Western Europe (0.03–0.05/100000) and high in central Asia. Current studies suggest that the occurrence of alveolar echinococcosis is increasing worldwide and is spreading to previously unaffected regions. Morbidity and treatment costs of the disease are high.

Research frontiers

Despite the importance of Computed-Tomography, mostly combined with PET, as an image modality in the work-up of hepatic AE, there is no CT-morphological classification of hepatic AE lesions.

Innovations and breakthrough

Objective of the present study was to establish an CT-classification based on a large sample of patients with confirmed hepatic AE as a way of facilitating the diagnosis of the disease entity.

Applications

The CT-morphological classification proposed in the present study shall facilitate the diagnosis, interpretation, classification and comparison of CT-morphological findings in patients with alveolar echinococcosis of the liver, both in routine clinical practice and in the context of scientific studies.

Peer-review

The manuscript entitled as "Proposal of a CT classification for hepatic alveolar echinococcosis (AE)" aims to provide a new CT-classification based on a large patient collective with confirmed hepatic AE. I reviewed this draft with a possibility for diagnostic tool of rare but sometimes fatal hepatic AE. I guess this draft is valuable for sharing data in concern of determination of morphological status of hepatic AE, as well.

Please check that there are no repeated references

As recommended the references have been checked. There are no duplicated references.

Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.
PMID: (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed)
DOI: (http://www.crossref.org/SimpleTextQuery/) (Please begin with DOI: 10.)**

As requested the DOI citation has been inserted in to the reference list. The names of all authors were already listed.

Reviewer #1

As described in the end of introduction of draft - The CT morphological classification proposed in the present study seeks to facilitate the recognition and interpretation of lesions in hepatic AE and to aid in the frequently challenging differential diagnosis that includes neoplasms of the liver such as cholangiocellular carcinoma, biliary cystadenoma and cystadenocarcinoma, or metastases of other tumor-it is recommended that the differential points or relations between specific ones among 5 types proposed by EMUC-CT and solid and or cystic biliary neoplasm would be described in discussion space.

As recommended by the reviewer the appropriate section has been described in the discussion.

In RESULTS of abstract: Recommend add or correct the description that primary morphologies are categorized into 5 types.

As requested by the reviewer the section has been revised.