

ESPS PEER-REVIEW REPORT

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Title: Non-invasive diagnostic imaging of colorectal liver metastases

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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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors summarize pros and cons of each clinically used, non-invasive imaging method for the detection of liver metastasis in colorectal cancer (CRC). The manuscript describes some technical limitation of each method, particularly spatial resolution. This is very important information for all physicians as well as healthcare professionals. Major comments 1. As this manuscript is really relevant to clinical diagnosis of CRC, it would be very important to shortly introduce the impact of CRC in public health; for example, we do know that CRC is the second deadly cancer in the United States. Approximately how many patients are diagnosed as CRC, and what is the annual mortality rate etc. 2. A part of one paragraph in Introduction (page 4, lines 3~9) is identical to Abstract. I think either one of them should be re-phrased. 3. Discussion section is a bit unclear. It would also be great to discuss future direction or current challenge etc. Minor comments 1. I do not think "colo-rectal" is the correct way (pages 1&2). Can you check it again if it is accepted in some cases? The authors also should not omit a hyphen to connect "non" and a noun/abjective. 2. Page 4, lines 22~23 "...the US sensitivity depends...and it is only of 20% for metastases less than 10mm.". It is fuzzy what the later part of the sentence means. Do you want to say that US can detect only (or up to?) 20% of



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metastasized (secondary) tumor less than 10-mm? I would strongly suggest re-phrase this sentence to make it clear. 3. Page 5, line5 "...detection and characterization." Detection and characterization of what? 4. Pages 12~13. I believe that stable isotopes have to be labeled with upper case numbers (¹⁸F). Please correct all. 5. There are numerous "hard-to-understand" sentences. Also please use "," whenever appropriate. For example, page 5, lines 7~9 "CEUS showed...in their medical history.". I think the sentence sounds awkward (after as well as...). Please make sure that the structure of the sentence is correct, or re-write with a native English speaker. 6. Some of formatting ("references") would not be consistent. Please adhere to the guideline provided by the journal.