

Dec 12th, 2017

Response letter to the reviewer and editor

Dear Sir,

We have carefully read and revised the article (No.36562) according to the editor's and reviewers' suggestion. Here is the list of revisions:

1. This article is a [retrospective](#) study, not [prospective](#) study.
2. All the documents, including Biostatistics statement, conflict-of-interest statement, informed consent statement, Institutional review board statement, and non-native speakers of English editing certificate, are provided.
3. We have three conclusions in our study: (1) the severity of liver cirrhosis had significant negative influence on the HCC visualization by GED-MRI. (2) DT-10 is more efficient and practical than other HBP-DT points to identify the most of HCC foci emerged in CP-A cirrhosis, as well as in CP-B cirrhosis; (3) a HBP-DT of or longer than 15 minutes seems more appropriate than DT-10 for visualization of HCC in patients with CP-C cirrhosis. [We don't have the conclusion that HCC diagnosis may be not important in CP-C patients, a remark listed in the Peer-Review Report.](#)
4. Results from Miura and Kobayashi found some hyperintense HCC lesions than the surrounding non-cancer liver parenchyma during HBP of GED-MRI, but we really did not find any hyperintense HCC lesions in our cohort except one isointense HCC lesion in a patient with CP-C cirrhosis. We have discussed the different results in the discussion section.
5. Why we didn't show 4 lines, including healthy volunteer, CP-A, CP-B, and CP-C in Figure 1, as that suggested by the reviewer? The reason is that there were only five patients with CP-C cirrhosis, so we merged the 5 patients to the subgroup with CP-B cirrhosis. Accordingly, Figure 1 only had three lines, including healthy volunteer, CP-A, and CP-B/C.
6. We agreed with the opinion of the reviewer that the data described in "Comparison of LP/HCC signal ratios at different HBP-DT points" in p6 (as well as Figure 2) are not informative. Accordingly, we deleted this paragraph and Figure 2.
7. All the minor points listed in the Peer-Review Report have been revised.

Best regards!

Yours sincerely

Dr. Yuecheng YU