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ESPS Peer-review Report

Name of Journal: World Journal of Meta-Analysis

ESPS Manuscript NO: 9726

Title: Decision-Tree Analysis for the cost-effective management of solitary pulmonary nodules in China

Reviewer code: 00461068

Science editor: Ling-Ling Wen

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In the manuscript Lu et al present the results of an analysis of cost-effectiveness of various strategies for the diagnosis of solitary pulmonary nodule (SPN) in China. They have assessed the cost-effectiveness of four strategies for the management of SPN: CT alone, CT plus CT-guided automated cutting needle biopsy (ACNB), CT plus positron emission tomography/computed tomography (PET/CT), CT plus diffusion-weighted magnetic resonance imaging (DWI) plus PET/CT. According to their results CT plus DWI plus PET/CT strategy not only was cost-effective, but also with a higher accuracy accompanied by a lower missed diagnosis rate than CT plus ACNB strategy, therefore was considered to be an optimal option for the evaluation of SPN in China. The English of the text is of high quality, clear and easy to follow. The tables and the figures are clear and self-explaining. The statistical approach meets the current standards. The discussion of findings and limitations are relevant. Minor issues: - sample size should be given - diagnostic method for evaluating distant metastases could be further explained - lymphatic spread (N stage) is not clearly discussed, only hilar regions are mentioned - please define the chest CT specific diagnostic criteria for lung cancer - abbreviation of positron emission tomography/computed tomography should either be PET/CT or PET-CT