

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4242

Title: Differentiation of dysplastic nodule from early stage HCC: utility of conventional MR imaging

Reviewer code: 02444850

Science editor: Wen, Ling-Ling

Date sent for review: 2013-06-22 21:15

Date reviewed: 2013-07-05 05:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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

The authors describe a retrospective analysis of 70 patients with a well differentiated HCC or dysplastic nodule. The authors address the question, if MR Scan is helpful to differentiate between a dysplastic nodule or a well differentiated HCC in high risk patients (cirrhosis). The question that is addressed by the authors is of high impact in the field of liver cirrhosis. Despite the limitations of this study (retrospective analysis, 70 patients) the authors have thoroughly analysed the data and have made new histological classification of all specimen. The data shows, that increased signal intensity on T2WI may be a sign of malignant transformation. In the discussion section the role of contrast enhanced ultrasound (CEUS), for differentiation between dysplastic nodule and HCC has to be mentioned.

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4242

Title: Differentiation of dysplastic nodule from early stage HCC: utility of conventional MR imaging

Reviewer code: 01560772

Science editor: Wen, Ling-Ling

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

COMMENTS TO AUTHORS

In this study, authors concluded that increased signal intensity on T2WI may be a sign of malignant transformation. Although, this is an important findings, the following concerns are raised for this manuscript. ?Major comments: 1) In the title of the manuscript, it is written as "early stage HCC". However, in Table 1, mean tumor size was as large as 1.8 cm in the DN group, 2.1 cm in the w1-HCC group and 2.9 cm in the w2-HCC group. As shown in the Hepatology Vol 49, pages 658-664, 2009 (Kojiro et al), if tumors reach 1.5 to 2 cm in diameter, they tend to be de-differentiated resulting in moderately differentiated HCCs. Generically, an early stage HCC is considered as an nodule smaller than 1.5cm. Thus it may be inadequate to use the term of "early stage HCC" in this manuscript. 2) In Table 3, arterial enhancement was observed in 12/40 (30%) patients of the w1-HCC group and in 13/19 (68%) patients of the w2-HCC group. However, such large nodules (size: 2-5cm) could have much higher arterial enhancement rate, especially in w2-HCC group. Therefore, it seems insufficient to judge arterial enhancement only by dynamic MR imaging in those large-sized tumors. To evaluate the arterial enhancement of the tumors more accurately, the authors should analyze arterial phase with other imaging modalities (i.e., conventional dynamic CT, CT angiography or contrast enhanced ultrasonography, etc.). 3) Previous MRI studies reported that hyperintensity on DWI was also related to HCC de-differentiation in addition to that on T2-WI. The authors had better add DWI imaging analysis to this manuscript. 4) Generically, late phase washout is seen more frequently than arterial enhancement in early stage HCCs. However, the rate of late phase washout was lower than that of arterial enhancement in the w1-HCC and w2-HCC groups [w1-HCC: 9/40(22.5%) vs. 12/40(30%) and w2-HCC: 9/19(47%) vs. 13/19(68%)] in the manuscript. The author should clarify the reason. 5) In Table 3, arterial enhancement was observed in 5 DNs. To the best of



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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

my knowledge, no DN's show arterial enhancement. Therefore, the author should explain the reasons. ?Minor comments: 1) In case of the existence of multiple nodules in one patient, which nodule did the authors select for the analysis? The authors should clarify the selection criteria. 2) In Table 1, unit for the size of nodules is lacking, might be "cm"?

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4242

Title: Differentiation of dysplastic nodule from early stage HCC: utility of conventional MR imaging

Reviewer code: 01713316

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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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this paper Chou et al in a retrospective analysis showed utility of MR imaging features to differentiate dysplastic nodeule from early stage HCC. Although, the paper is interesting and makes important points, I suggest following revisions to the manuscript: a) In methods section: please define 2 grades of Edmonston-steiner grades of well deifferentiated HCC b) what is the protocol on screening for HCC in the author's institution ? Is MR the initial imaging modality ? If not when is the MR used in the algorithm ? c) If the initial imaging modality is different from MR, then what are the characteristics and initial diagnosis of lesions on this imaging d) How many of 73 patients had AFP > 100 and how many were above 200 e) It would strengthen the paper if authors can provide an attrition diagram on their selection cohort from the initial sample group