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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7990

Title: Laterally Spreading Tumor: Limitations of CT Colonography

Reviewer code: 00504766

Science editor: Ya-Juan Ma

Date sent for review: 2013-12-11 13:48

Date reviewed: 2013-12-12 10:57

| 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

This is an interesting and valuable article. But there are a few problems in the current manuscript. I have list a few comments below that may improve the manuscript. Abstract 1. Aim and Conclusion: It is recommend changing the term "sensitivity" to "detection rate". Authors use the term "detection rate" in keywords, Results (P8), and Table 2. 2. Aim: Authors should stress prospective method. Because this is strength of this study. Discussion 3. No control group can be cause information bias. It is necessary to mention this important point as limitation. 4. Fecal tagging is essential technique for bowel preparation in screening CTC. Need to discuss the lack of fecal tagging as study limitation. 5. Last paragraph: Please change the term "sensitivity" to "detection rate". References 6. References 14-16: Reference numbers seem to be incorrect. The sentence "A previous report using a computer-aided diagnosis system showed that the detection rate for flat T1 cancers is 83.3% [14]." seems to cite [15]. The sentence "According to the latest report, novice CTC readers obtained sensitivity equal to that of experienced readers after practicing an average of 164 CTC studies[15]." seems to cite [16]. 7. Reference [15] (Eur Radiol 2008;18:1666-73.) This is inappropriate for citation because the study participants were preoperative cases. I recommend exchanging this to another paper (ex. Park SH, et al. Sensitivity of CT colonography for nonpolypoid colorectal lesions interpreted by human readers and with computer-aided detection. AJR Am J Roentgenol 2009;193:70-8.). Figures 8. Figures 1-3: Please add MPR images in each lesion. It would be more informatics and easy to understanding for readers.



ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7990

Title: Laterally Spreading Tumor: Limitations of CT Colonography

Reviewer code: 00069608

Science editor: Ya-Juan Ma

Date sent for review: 2013-12-11 13:48

Date reviewed: 2013-12-21 19:16

| 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 |
| <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 paper is aimed to investigate CTC sensitivity for colonic lateral spread tumours (LST). The study is interesting and well conducted, but the paper needs to be improved and better organized.

Comments:

1) Manuscript:

Page 6 line 7: please indicate slice width (there is only reconstruction interval), and if possible pitch and tube rotation time.

- Page 6 line 11, please specify who instructed the two radiologists and his experience in CTC reading. Indicate whether the 100 training cases were endoscopically verified or not.

- Page 6 line 15: was 2D reading used only for problem solving or to examine the whole colon after 3D reading? If 2D reading was used only for problem solving, this could be a limitation of the study, because flat lesions are often better depicted on 2D images than on 3D. If this is the case, then the issue should be mentioned in "Discussion"

- Page 8: examples of lesions are redundantly described both in manuscript text and figure legends

- Page 8: it could be of interest to mention the number of false positive LSTs reported by the two CTC readers.

- Page 9 line 15: "Given that a flat morphology was defined as a broadbased



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lesion with a height of less than one half of its width [11]”.

Reference 11 seems inappropriate, as it does not contain that definition.

- Page 10: References 14, 15 and 16 seem to be cited in the wrong place in the text.

- Page 10, line 15. Data regarding the experienced reader performance should not be discussed unless they are fully presented in the paper.

- Page 10: Currently, faecal tagging is mandatory for CTC bowel preparation. In the study CTCs were performed without tagging. This limitation must be clearly stated.

- Page 10: “Bowel preparation was excellent for all patients...” How did you evaluate it? Mention it in the Result section.

2) Figures: 2D axial or MPR CTC images of the lesions could be added.