ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 12456
Title: Cross-modality image fusion of FDG-PET/CT and Contrast-Enhanced CT for the Diagnoses of Pancreatic Lesions and Staging Assessments of Pancreatic Cancer
Reviewer code: 02454257
Science editor: Ya-Juan Ma
Date sent for review: 2014-07-10 17:40
Date reviewed: 2014-08-14 02:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for
[ ] Grade C: Good	[ ] Grade C: A great deal of	[ ] No records	publication
[Y] Grade D: Fair	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

The authors focus in a clinically relevant issue: Improvement of the predictive value of tomography in unclear space-consuming lesions of the pancreas   Abstract: Demographic data of the patients are supposed to be shown in the results section and not in the methods part. The presentation of the parameter in the results is difficult to read and unclear; the percent values should be more connected to the procedure. Taken together the results section as the abstract itself is too long and should be tightened.   Introduction: Abbreviations should be introduced in general, i. e. CECT. All in all, the introduction remains pretty common in its statements. The listed reference #5 is kind of an unlucky choice since it reports an animal experiment and the response of a special form of therapy. Argumentation of ionidine allergy after application of contrast material is insufficient. According to i. e. Wysowski et al 2008 and Kim MH et al 2014 there is an incidence of an anaphylactic shock of 1 in one million. Given the extremely bad prognosis of a pancreatic carcinoma this incidence is negligible. It is not necessary to mention the vote of the ethics committee in the introduction.   Materials and Methods: As mentioned earlier abbreviations should be introduced. Most readers know for sure what ERCP or FNA biopsy means but a high quality manuscript should bother with the introduction of abbreviations, even those which are common.   Has oral contrast medium been applied in the CECT group as well? The authors cite an article referring to ovarian cancer (reference #14) pointing out the disadvantages of solely vascular application of contrast media especially in lymph node assessment.

Therefore, the authors should take a stance on this problem or specify the reference. How was ?experienced physician" defined? Material and methods does not provide information on the reconciliation of intra-/postoperative findings. How was made sure that lymph nodes classified under imaging as tumor infested were really infested? How was controlled that there were for sure no distant metastases? For 19 patients the diagnosis was made by FNA biopsy; were there lymph nodes aspirates to correlate with the imaging? How was the clinical follow up (mentioned on page #8) performed? Were all patients followed up or individuals only? How man died? Statistical analysis: Power analysis would be useful even for a retrospective analysis to show that the sample size is sufficient to significantly present the differences. Results: Presenting demographic data in the text should be done like in table 1 to grant clarity. Why are IPMNs listed as benign lesions in table 1 (see Backer MS et al 2014)? Table II and III: Table legends should provide an explanation of the abbreviations. It remains unclear why under table II ?TP, FN, TN and FP" are mentioned but not presented in the table. In table III the columns CECT:NP and PET-CT:S show obscurities. Discussion: The discussion is held very common. It does not become obvious what is really new in the study the authors present. There is no independent message provided by the authors, only a hint that the study of Wakabayashi et al showed similar results. In my opinion the comparison with multidetector computed tomographic angiography (MDCTA) (see Kaneko OF et al 2010) should be discussed as well. This method shows similar good predictive values and may be more cost efficient. With relation to the prediction of peritoneal tumor infiltration the comparison with a staging laparoscopy should be made to avoid a laparotomy (page 10, 2nd paragraph). This manuscript would have a scientific value if the authors could manage to pinpoint their new aspects within their assessments.

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
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[ ] Grade D: Fair	language polishing	BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

Dear authors. The paper is interesting. Retrospective studies has not the same power than prospective ones. Some comments English should be improved 1. Abstracts is too long and confusing. Too much numbers 2. Introduction is Ok 3. Material is Ok 4. Results. if you search in the paper the information exists but is difficult to find, final apthology, final results,.... some data are rare. superb sensivity for diagnosis pancreatic cancer with CT but very bad for lymph nodes. 5. Tables. a comapring table more resumed would be interesting 6. Discussion: some information is confusing 7. Images in docx are of low quality

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
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COMMENTS TO AUTHORS

1. There are several question marks and comments (eg. "Error! Reference source not found") in the manuscript. Please copyedit the manuscript for these. 2. The abstract is simply too long. Please summarize the data more succinctly. The reader can refer to the text/tables if they need more detail. In the conclusion, please state exactly where statistically significant differences were found and where they were not. 3. Most guidelines (such as the NCCN pancreatic cancer guidelines) do not recommend PET/CT for the evaluation of pancreatic cancer. I think that this is notable and should be discussed along with some comments regarding why they are not recommended at the current time. 4. Perhaps there should be at least some discussion regarding cost. 5. There should definitely be some discussion about EUS and the role of PET/CECT now that most patients are getting EUS as part of their workup. 6. Is PET/CT routinely used for pancreatic cancer evaluation at your institution? Since it is not currently recommended, most insurance companies will not reimburse for PET/CT. Is this not a problem in China? 7. Please comment specifically on the utility of PET/CECT for cystic lesions. Should this study be in the algorithm at all? 8. All of the text and page 9 and the top of page 10 should probably be in the discussion section rather than the results section. 9. Table III should probably look a little more like table II. I really like the comparisons between the different modalities and the notation to indicate where statistical significance was found.