

PEER-REVIEW REPORT

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Title: Optimization of Hepatobiliary Phase Delay Time in Gd-EOB-DTPA-enhanced Magnetic Resonance Imaging for Identification of Hepatocellular Carcinoma in Patients with Different Severity of Cirrhosis

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| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | 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 | <input type="checkbox"/> The same title | <input type="checkbox"/> High priority for |
| <input type="checkbox"/> Grade C: Good | polishing | <input type="checkbox"/> Duplicate publication | publication |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of | <input type="checkbox"/> Plagiarism | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Grade E: Poor | language polishing | <input type="checkbox"/> No | <input type="checkbox"/> Minor revision |
| | <input type="checkbox"/> Grade D: Rejected | BPG Search: | <input type="checkbox"/> Major revision |
| | | <input type="checkbox"/> The same title | |
| | | <input type="checkbox"/> Duplicate publication | |
| | | <input type="checkbox"/> Plagiarism | |
| | | <input type="checkbox"/> No | |

COMMENTS TO AUTHORS

Conclusion: minor revision required The authors aimed to seek appropriate time point after EOB injection to discriminate HCC from the background liver on EOB-enhanced MRI. Since cirrhotic liver parenchyma is not well enhanced by EOB, many hepatologists and hepatobiliary surgeons would like to visualize HCC very well. In these points of view, information described in this paper is very important and meaningful. However, the exact conclusions from their study are the following. 1) DT-10 is the best time point to diagnose HCC in CP-A / B patients. 2) Delayed DT would be effective to diagnose HCC in some of the CP-C patients. 3) other imaging modalities would be appropriate to diagnose HCC in CP-C patients (In other words, HCC diagnosis may be not important in CP-C patients). I strongly recommend the



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major revision of the abstract. Anyway, I think that this study is very informative. Major points 1) The authors should describe the existence of HCC showing hyperintensity than the surrounding non-cancer liver parenchyma during hepatobiliary phase on EOB-MRI. See the paper of Miura T et al. in Am J Surg, 2015, 210 (3): 561-9 or Kobayashi S et al. in Eur J radiol 2012, 8(11): 3002-9. Have the authors encountered such hyperintense HCC or not? 2) Figure 1 should show 4 lines (healthy volunteer, CP-a, CP-B, and CP-C). The authors had better not unite CP-B and CP-C patients. 3) I think that data described in "Comparison of LP/HCC signal ratios at different HBP-DT points" in p6 (as well as Figure 2) are not informative. Figure 3 is enough. Minor points 1) "18 healthy adults" in Patients, materials and Methods part, should be "eighteen healthy adults". Numbers at the sentence initial position should be spelled out. Similarly, "42 of 73~" should be "Forty two of 73". 2) "42 of the 73 patients with CHB-related cirrhosis were identified as hepatocellular carcinoma (HCC)" in p4 had better be "42 of the 73 patients with CHB-related cirrhosis were identified as having hepatocellular carcinoma (HCC)". 3) "~showed that the LPSI increased with HBP-DT" in "Trends of LPSI varying with HBP-DT in healthy controls and patients with cirrhosis" in p5 had better be "~showed the LPSI increased time-dependently".