

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 27470

Title: Value of serial magnetic resonance imaging in the assessment of brain metastases volume control during stereotactic radiosurgery

Reviewer's code: 02510207

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2016-06-03 16:26

Date reviewed: 2016-06-12 03:20

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

1. To include information about primary tumor with respect to all the metastases (n = 54) in materials and methods. 2. To clearly state in results the trend that they saw in the individual metastases - i.e. what trend did they see with lung carcinoma metastases, breast carcinoma metastases etc. This needs to be specifically stated. Few spelling mistakes need to be corrected.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Radiology

ESPS manuscript NO: 27470

Title: Value of serial magnetic resonance imaging in the assessment of brain metastases volume control during stereotactic radiosurgery

Reviewer's code: 02825697

Reviewer's country: United States

Science editor: Jin-Xin Kong

Date sent for review: 2016-06-03 16:26

Date reviewed: 2016-06-12 08:49

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript with the title "The Value of Serial MR Imaging in the Assessment of Brain Metastasis Volume Control During Stereotactic Radiosurgery" is interesting. However the manuscript would be of higher value to the reader if the manuscript focuses on the pseudo-progression period, that period is confusing for the practicing physician and can lead to misinterpretation and additional or changes in treatment strategies. Also in the discussion section, the authors should start with their main finding, the authors should also comment on what would be the ideal timing of the follow up MR to avoid that pseudo-progression/real progression period (for example, week 9) and to predict long term good response (for example week 12). Is the timing for pseudoprogression the same for radiosensitive and non-radiosensitive metastases? On Table 1 please add columns with percentage of patients with progression at week 9, week 12 and at 12 months for each primary cancer type.