



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology

**ESPS manuscript NO:** 22873

**Title:** Angiographic and volumetric effects of mammalian target of rapamycin inhibitors on angiomyolipomas in tuberous sclerosis

**Reviewer's code:** 01560036

**Reviewer's country:** Russia

**Science editor:** Shui Qiu

**Date sent for review:** 2015-10-02 15:15

**Date reviewed:** 2015-10-05 14:53

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input 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

nice article with clinical significance and within the scope of the journal

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology

**ESPS manuscript NO:** 22873

**Title:** Angiographic and volumetric effects of mammalian target of rapamycin inhibitors on angiomyolipomas in tuberous sclerosis

**Reviewer's code:** 00227563

**Reviewer's country:** Denmark

**Science editor:** Shui Qiu

**Date sent for review:** 2015-10-02 15:15

**Date reviewed:** 2015-10-14 16:02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is a retrospective report including only three patients. The observations are interesting but the data and design are insufficient. The aims of the study should be more clear in the text like it is in the abstract. Also the potential hypothesis and end-points should be more well defined. Nothing is said about further treatment of the patients after demonstration of rebound growth of the AMLs. What was the follow-up time and why was mTOR inhibitor therapy stopped in each case as it seems to have had good clinical effect? Were there any side effects of this treatment? What is the cost price? It is said that all three patients underwent MR imaging, but one patient also CT imaging - why? Were the volumetric analyses performed with MR in all cases? Which role did CT play, and why only in one of the patients - please explain. Tumor vascularity was based on angiography and classified into 3 grades. Was this classification subjective? In patient #2 is said that embolization was performed in 2006 because of size of the tumor - which size? Were the volumes in this patient based on CT at all times? Fig. 5A is not referred to in the text The limitations of this study should be more clearly explained in the text in a separat paragraph. It is impossible to conclude much based on three cases.



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

There is no statistics included in the report. There are no suggestions for clinical implications of these findings or for further studies.



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Radiology

**ESPS manuscript NO:** 22873

**Title:** Angiographic and volumetric effects of mammalian target of rapamycin inhibitors on angiomyolipomas in tuberous sclerosis

**Reviewer's code:** 00227616

**Reviewer's country:** United States

**Science editor:** Shui Qiu

**Date sent for review:** 2015-10-02 15:15

**Date reviewed:** 2015-10-28 18:29

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 checked="" 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" 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**

REVIEW Review of "Angiographic and volumetric effects of mTOR inhibitors on angiomyolipomas in tuberous sclerosis" for possible publication as a "Case Series" in World Journal of Gastroenterology. Comments: In this case series, the authors discuss three patients with angiomyolipoma treated with mTOR inhibitors and angiographic embolization and their effectiveness as determined by imaging studies. The authors conclude based on their experience with three patients that AML volume reduction as well as post treatment rebound growth due to mTOR inhibitors involves all three tissue components of the tumor. Here are my comments. General Comments: 1. I am not sure if the authors intend to submit this study as a case series or a research study since there seems to be an overlap in format. The reason it is important to differentiate this is because while a case series is less stringently evaluated, a research study needs to be more rigorous from a scientific study perspective. I believe this manuscript fits more easily as a case series than a research study. 2. Though the title and purpose seem to suggest that the authors have tried to study the imaging manifestation prior and after mTOR therapy, in fact the treatment received by the



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpoffice@wjgnet.com](mailto:bpoffice@wjgnet.com)

<http://www.wjgnet.com>

---

patients is a little more complex since the patients have received a combination of mTOR and embolization therapies. It would be naïve to suggest that the study only looked at the imaging effects of mTOR therapy. 3. The details provided in the methods and results section lack scientific precision and the authors use subjective terms to evaluate treatment response. Again, this is critical to differentiate between a case report and research study. Specific Comments: I. Abstract. 4. I am not sure if the format of abstract fits a case series. The authors might want to specify whether they would like this manuscript to be a case series or a research study as they are different. II. Introduction 5. OK III. Methods 6. Please provide more details about the CT scan technique such as protocol, contrast dose and injection rate etc. 7. Please provide the details of the time period between the imaging studies, mTOR therapy and angiographic studies. 8. The method used to identify different tissue components is faulty. "Any tissue enhancing between 100-200 HU was considered to represent blood vessel" this statement is inaccurate since soft tissue tumors often enhance >200 HU depending on the contrast phase and iodine contrast dose. 9. What method/thresholding was used to identify the soft tissue components? 10. What criteria were used to identify the blood vessels on MRI? 11. In which phase of contrast enhancement on CT or MRI did the authors measure the volume of soft tissue, blood vessels and fat? 12. For assessment of tumor vascularity on MRI, please provide details of the thresholding tool. 13. The authors need to provide the exact details of the time line for mTOR therapy, embolization and imaging studies (CT and MRI). The details provided in the methods section lack sufficient information to allow one to understand the temporal sequence of events. It is also not clear how much time elapsed between the imaging study and start of mTOR therapy or the cessation of mTOR therapy and initiation of embolization and CT/MR scans. Though the authors have tried to accomplish this in tables/figures exact details are missing. 14. Who performed the image analysis? 15. Please provide details of the mTOR therapy? What was the dose? How frequently was it administered? What were its side effects? Results 16. How did the authors determine that none of the AMLs in patient 1 have substantial fatty component? How can one quantify "substantial" - is it <50% or >50%? 17. How was the dramatic decrease in tumor volume after Mtor therapy in patient 1 determined? What does dramatic mean? 18. The details of treatment and assessment of treatment response to embolization for patient 1 is too confusing p