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**Column:** Retrospective Study

Reviewer #1

Authors reported Incidental detection of focal fluorine-18 fluorodeoxyglucose uptake in colorectal, thyroid, and prostate regions and a literature review, PET-CT is very commonly used to detect the metastasis of carcinoma, this work is a significant in clinical practice to include uncommon sites of metastasis of carcinoma. But some questions arose:

1. Many grammatic and syntax use errors were found

**Answer:** Thank you for your valuable comments. The entire manuscript has been inspected and corrected by a professional English editing service.

2. Many abbrs were confusing

**Answer:** The abbreviations used in the manuscript have been explained more specifically to reduce confusion.

3. ROC curve should be provided, overall, it is less than 0.7, so its value is not important

**Answer:** ROC curves were provided in figure 3. For SUVmax, AUCs are 0.752, 0.676, and 0.706 for colorectal, thyroid, and prostate cancers, respectively. According to "The receiver operating characteristic (ROC) curve" (DOI: 10.12746/swrccc.v5i19.391, <https://pulmonarychronicles.com/index.php/pulmonarychronicles/article/view/391/848>), these values are considered "Acceptable" or "Excellent", therefore, we believe it to be meaningful in distinguishing between malignant/premalignant and benign lesions.

4. SUVmax was the sole parameter used to distinguish malignant from benign

lesions and none of the other parameters failed to discriminate. Some papers on thyroid incidentalomas suggested that other PET parameters such as MTV or TLG were useful, it is confusing

**Answer:** We are sorry for the inconvenience. The sentences have been corrected and polished as follows to eliminate confusion:

SUVmax was the sole parameter which could distinguish malignant from benign lesions and none of other parameters were successful. On the other hand, some papers on thyroid incidentalomas suggested that other PET parameters such as MTV or TLG were useful.

5. how to determine cut-off?

**Answer:** Following the advice of our institution's expert statistician, equal weights were given to sensitivity and specificity when selecting cut-offs from the AUC plot results.

6. Table 1 should be re-edited

**Answer:** Table 1 has been modified to make it easier to see at a glance. Thank you.

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Reviewer #2

I did not understand precisely what the purpose of this study was. Why did you aim to investigate the FDG uptake of four organs in the human body?

**Answer:** Thank you for your attentive comments. A recent umbrella review (O'Sullivan JW, Muntinga T, Grigg S, Ioannidis JPA. Prevalence and outcomes of incidental imaging findings: umbrella review. BMJ 2018; 361: k2387 [DOI: 10.1136/bmj.k2387]) reported frequent organs of focal incidental F-18 FDG uptake. The present study started with the results of the review and the aim of this study was to investigate the rate of malignancy, PET parameters and their cut-offs in distinguishing between malignant/premalignant and benign lesions in the top most common organs such as colon/rectum, thyroid, and prostate.

The summary section is too long. It's a lengthy read.

**Answer:** The entire abstract has been modified and refined to make it concise.

I did not understand how this approach would contribute to the literature. I could understand if the FDG uptake of different cancers of the same organ was investigated. Or, if the different behavior patterns of the same cancer of the same organ (metastatic vs. non-metastatic) were investigated, I would understand.

**Answer:** A brief review of the literature with up-to-date references on incidental focal F-18 FDG uptake in colorectal, thyroid, and prostate tissues was presented in the discussion and we believe that the review would further support the results of our study.

In Table 2, the  $p$  values obtained from the ROC analysis should be written. In terms of the area under the curve, it will be seen that all values are significant at the border.

**Answer:** The  $p$  values have been added to the Table 2.

Since you have given men and women as two different groups in Table 1, the statistical analysis should be made between these two groups, and the  $p$ -value should be given.

**Answer:** Yes, the subjects enrolled in this study were separated by gender. However, unfortunately, the number of some items was too small to make a statistical comparison.

In Table 1, malignant and premalignant diseases are given separately. However, in figure 2, it is seen that malign and premalignant lesions are provided as a group. Which one is right? This error must be corrected.

**Answer:** The bar graph of colon/rectum in Figure 2 has been divided into malignant, premalignant, and benign subdivisions to reflect your advice. However,

as the premalignant polyp such as conventional adenoma has up to 50% of risk of carcinoma, the number of premalignant lesions were added to those of malignant ones to present the bar graph of “ALL”. Thank you.

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Reviewer #3

Please work on making the following changes:

1. The research title should be changed to match the study's objective, so that it is within twenty words or less, which is one of the specifications and a good title.

**Answer:** Thank you for your detailed comments. The title has been modified according to your advice.

2. Avoiding lengthening the study abstract by condensing it.

**Answer:** The whole abstract has been refined and edited to make it concise.

3. In the results section of the study abstract, you should only show the most important research findings.

**Answer:** The section has been modified to clearly provide the significant findings of this study.

4. Rewriting a section of the paper's introduction based on more recent references, with the final paragraph devoted to demonstrating the study's purpose.

**Answer:** We tried to include up-to-date references, however, some aged ones were included due to a long-established concepts or facts that no one disputes. The last part of introduction has been modified to make the purpose of this article more conspicuous.

5. Continue to work on adding references that are consistent with the examination

technique described in section two of material and methods.

**Answer:** Yes, we followed your advice and updated the references.

6. In the results section, go over the data flow.

**Answer:** The section was subdivided into three (colon/rectum, thyroid, and prostate) and the data corresponding to each subdivision were described within it, and duplicate descriptions in other places were removed.

7. Avoiding jargon titles in the discussion section, while highlighting the study's strengths and weaknesses in the final paragraph.

**Answer:** We tried to use general words as much as possible.

8. Write the conclusion in a more creative manner.

**Answer:** The section was reviewed and modified to follow your advice.

9. When necessary, update the references with a recent review.

**Answer:** The reference has been updated to the latest.

10. Check the paper for typos and spelling errors. Kind regards,

**Answer:** The whole manuscript has been checked and corrected by a professional English editing service. Thank you.

**We deeply appreciate your attentive review, advice, and valuable time. Thank you.**