

Reviewer #1

1. The authors are advised to also consider some earlier contributions of direct relevance to the topic of the study:

[https://www.pdcnet.org/bjp/content/bjp\\_2018\\_0010\\_0001\\_0027\\_0036](https://www.pdcnet.org/bjp/content/bjp_2018_0010_0001_0027_0036)

RESPONSE: Thank you for this suggestion. We read the paper by Stoyanov with great interest, although it discusses the use of functional magnetic resonance imaging (fMRI) as a possible correlate to subjective and objective psychiatric abnormalities and not diffusion tensor imaging (DTI) as a correlate to anatomy and physiological brain function, as is the topical focus of our paper. Stoyanov provides a discussion on the various expectations that abnormal psychiatric symptoms, either self-reported or observed, correlate with abnormal fMRI results based on blood oxygen level measurements. Indeed, similar expectations of correlation exist between subjective or objective symptoms of traumatic brain injury (TBI) and DTI findings. In careful consideration of that, we re-searched the literature for similar publications that are topically related (DTI; non-psychiatric/non-behavior function) and found our original profile of cited studies to be topically comprehensive and appropriately aligned, as well as temporally relevant for our focus on the challenges facing the recent/current cases in the court system. A historical review of the literature from 5 years ago and older has merit and will certainly benefit readers in a textbook setting but is beyond the scope of this current-environment review.

2. Also, given the lack of explicit search strategy to underpin traditional literature review, and the clear expression of personal professional and expert statements, I would rather recommend to re-classify this work as "Opinion Review".

RESPONSE: We have carefully considered this suggestion in the context of our topical focus (see above) and objective (to provide straightforward knowledge on the current landscape of 3 different fields relying on one another in practice and the pitfalls that

exist for exploitation in the lacunas between each). Our re-assessment of the legal, medical and scientific literature (carried out above) verified the comprehensive nature of our foundational 105 reference sources as appropriate for a literature review. The main pitfall of labeling this review as an “opinion” piece lies in the multidisciplinary nature of the topic and the future readership audience (lawyers/judges, clinicians, and research scientists), who are not going to be equal in their knowledge of the subtleties in the exact definitions of ‘Review’ and ‘Opinion Review’ (especially since the BPG/WJCC does not publish a detailed differentiation between the two article types). Indeed, there are already well-established problems between the fields of law and medicine/science simply in peer-review (used in academic publications) vs editorial review (used in non-academic ‘White Papers’), which is a key issue discussed in our paper fitting with our objective for publication of this important topic. Our intent with this paper is to provide knowledge that addresses these issues and the ‘opinion’ classification carries a high risk of causing confusion, ultimately making it counterproductive and weakening its impact.

#### Reviewer #2

1. If possible, please add a table listing all reviewed articles or categories with primary focus and points.

RESPONSE: Thank you for this suggestion; after careful consideration of how we can best strengthen the topical content of our paper through a Table presentation, we determined that it will most benefit readers to have a listing of the relevant DTI orders by state courts. The Table has been included and we are very pleased with the substance this suggestion has added to our paper.

2. It is better to add a summary section to summarize main findings including the reviewing highlights etc.

RESPONSE: The suggested summary has been added at the end of the Discussion section, immediately preceding the Conclusion section.

3. This might be a side review of point: although the manuscript is comprehensive in contents and details, sometimes it might be better to be concise and pinpoint the main scientific findings. Integration of DTI with other imaging metrics for complementary diagnostic tool is important, please add this point in the end of the article.

RESPONSE: We have added the suggested paragraph regarding this to the end of the article (end of Discussion section immediately preceding the Summary), accompanied by 3 new supporting references (Refs 106-108).

4. Also briefly mention general picture of neuroimaging findings in TBI and cite related articles of more DTI methods and quantifications, including limitations and challenges.

**RESPONSE: We have included this in the new paragraph that we wrote in response to the suggestion immediately above (#3), with the appropriate accompanying 3 new supporting references.**

## **EDITORIAL OFFICE'S COMMENTS**

### ***(1) Science editor:***

The manuscript has been peer-reviewed, and it' s ready for the first decision.

RESPONSE: Thank you.

### ***(2) Company editor-in-chief:***

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I

have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure to the manuscript. There are no restrictions on the figures (color, B/W) and tables.

RESPONSE: We have added both a Figure (showing imaging evidence of a traumatic brain injury in a representative patient) and a Table (listing DTI orders by state courts).

We appreciate the productive comments from the peer reviewers and the editorial office, which improved our paper and strengthened its impact for future readers.

Kind regards,

Jennifer van Velkinburgh, PhD