

## ANSWERING REVIEWERS



December 20, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5881-review.doc).

**Title:** Multimodal Imaging Evaluation in Staging of Rectal Cancer

**Author:**

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 5881

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

**<Reviewer 00004187>**

Abstract. Abbreviations of CRM

→ It is changed (page 2).

- 1) Introduction Add this reference in the second paragraph of the introduction.  
Enríquez-Navascués JM, Borda N, Lizerazu A, Placer C, Elosegui JL, Ciria JP, Lacasta A, Bujanda L. Patterns of local recurrence in rectal cancer after a multidisciplinary approach. *World J Gastroenterol.* 2011 Apr 7;17(13):1674-84. doi: 10.3748/wjg.v17.i13.1674. Review. PubMed PMID: 21483626; PubMed Central PMCID: PMC3072630.;

→ It is added.

- 2) Section CT. Specify lymph node sizes. "Due to a lack of consensus regarding the cut-off diameter required to determine Whether a lymph node is metastatic" :

→ It is added

- 3) What is advanced rectal cancer? T3-T4?: Advanced rectal cancer is above T3.:

→ Yes. It is added.

- 4) Delete paragraph referred to CT colonography.:

→ The paragraph and associated figure are deleted.

- 5) Section MRI The conclusion is incorrect. "Thus, MRI is the best method ...":

→ We changed that MRI is the "useful" method.

- 6) If the kappa value is 0.36 for identification of peritoneal attachments. Add two algorithm for rectal cancer staging and for evaluation after neoadjuvant chemoradiation therapy.:

→ The paragraph is deleted because the other reviewer (Reviewer 00058378) has pointed out that the MR section is too long. And we add two tables (Table 2 and Table 3) regarding the advantages and disadvantages of each imaging modalities in staging and restaging of rectal cancer.

#### <Reviewer 00039316>

- 1) This is a well structured review that contains a lot of info. In order to become more comprehensive for the average reader, I propose: 1. Addition of 2 tables to summarize the advantages and disadvantages of the described modalities i. Pre-treatment and ii. Post-treatment: :

→ As with your suggestion, We add Table 2 and Table 3.

- 2) Addition of one paragraph that will present the future directions for the Multimodal Imaging Evaluation in Staging of Rectal Cancer :

→ One paragraph regarding the future direction is inserted before Conclusion section.

#### <Reviewer 00058378>

The current manuscript summarizes the current literature about rectal cancer imaging. The review is well written, however, I have some limitations that need to be addressed.

- 1) The review is too extensive; moreover, I suggest changing the structure of the manuscript in order to make it more attractive to the readers. It could be more related to the clinical importance and application of certain imaging techniques. When do we need, which technique? Does the height of the tumour play role, etc.:

→ The purpose of this review was to review the advantages and limitations of the various imaging modalities used for preoperative staging and assessments of therapeutic efficacy in rectal cancer. The structure of the manuscript is written in order of imaging modalities. We think that changing the structure is not helpful to the readers. Instead, we summarize the advantages and disadvantages of imaging modalities for evaluating preoperative staging and post-therapeutic restaging in Table 2 and Table 3, respectively. Also, in conclusion section, we provide the algorithm for preoperative rectal cancer staging and for evaluation after CRT.

MR section in preoperative evaluation is too extensive.

→ We delete the two paragraphs including peritoneal invasion and USPIO.

2) I suggest focusing on new or future developments as well. :

→ One paragraph regarding the future direction is added in last section before Conclusion section.

<Reviewer 00058180>

This review article is well organized and acceptable for publication. Minor points for revision:

1) A table summarizing the advantages and disadvantages of different staging modalities would be preferable.:

→ Table 2 and 3 are added.

2) The paragraph about the PET/CT in preoperative settings is too short. The role of PET/CT changing the M staging and treatment strategy should be discussed.:

→ It is added

3. References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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