

February 18, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7130-review.doc).

Title: Value of ^{18}F -FDG PET-CT in surveillance of postoperative colorectal cancer patients with various carcinoembryonic antigen concentrations

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7130

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

Review No. 02336282

1. Point out the spatial resolution in the Section "PET/CT scanning" data were acquired in a 2D mode with 4.25 mm spatial resolution and a 256x256 matrix to discuss in the discussion section that better results can be expected with better spatial and temporal resolution (3D mode with 2 mm spatial resolution, 400x400 matrix and continuous table movement).

Answer: We had discussed this part in discussion: Page 7, line 10-14.

2. Please provide **only** results for the normal phase PET/CT. Delayed PET/CT after 3h is not usual and another paper, if the authors like to complicate PET/CT.

Answer: The part about delayed PET/CT had been deleted: Page 2, phase 4.

3. Referer to tables in the result section instead of losing the reader's attention by all the numbers. Just extract the key results for the key conclusions. There are too many numbers in text, which destroy the message of the paper. The shorter the better. Do not repeat tables.

Answer: This part had been revised: Page 2-3.

4. Round all numbers in the text and tables (e.g. 91.45% -> 91%)

Answer: All numbers had been revised as the format of the journal (eg.91.4%).

5. Include in Table 2 the value of CEA in the case based analysis.

Answer: This part had been revised in table 2.

6. If it works, add a “ 3 ring diagramm for True positive and False Positives” with a ring for PET/CT, CT and CEA for both the case and lesion based analysis to better show the intersection PET/CT with and superiority over CT and CEA. Discuss the cases that were outside the PET/CT.

Answer: In this study, we compared the diagnostic performance of two imaging mode(PET/CT and CT) without comparison to CEA. It is difficult to show the superiority of PET/CT over CT and CEA with a 3 ring diagramm definitely. We added the table 5 to show the intersection of PET/CT and CT diagnosis. If it is not appropriate, I will revise it according your opinion.

7. TP missed by PET/CT because a radiologist was missig to analyse the CT component in PET/CT?

Answer: TP missed by PET/CT may be due to the following reasons:

1)The diagnosis CT of the study is enhanced. However, CT of PET/CT does not use contrast. Although the lesion is TP by diagnosis CT, it is may be false negative by PET/CT criterion.

2)The spatial resolution of diagnosis CT is better than that of PET/CT. Hence, small lesions maybe missed by PET/CT.

8. The question is not the impact of CEA or CEA-velocity on PET/CT. It is quite clear that you have to search for/ rule out a recurrence in case of elevated CEA.The questions are: Would you recommend a PET/CT in case of a negative CEA? Please discuss this with your data. How often and at which intervall for CEA and PET/CT.

Answer: This part had been revised according to your opinion: Page 6, line 15-21.

9. Provide a table to demonstrate how PET/CT changed the therapy.

Answer: We added table 4. according to your opinion.

10. Precise your conclusion with respect to guidelines like: “Our data suggest to replace CT by PET/CT in the follow-up of CRC patients and to perform a PET/CT in the 5 year follow-up even when CEA is normal.”

Answer: We revised this part in the conclusion.

Review No. 02544167

1) Please check english in line 13: I supposed that at the end of this line the word "and"

should be change with the word "were".

Answer: It had been revised: Page, line

2) I think it will be interesting adding an image of a patient with positive FDG PET/CT and negative CEA level.

Answer: We added Fig.2 with image of a patient with positive FDG PET/CT and negative CEA level.

Review No. 02533276

1. Authors found some false negative results with FDG PET/CT. Do they know the ce CT results for these cases?

Answer: This part was showed in table 2.

2. In my opinion, FDG PET/CT would be more useful in patients with negative CEA levels. Authors may emphasize this in the discussion section.

Answer: We revised this part in discussion section.

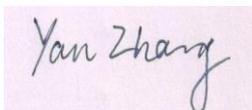
3. Authors should include a conclusion where they indicate how FDG PET/CT could be used in the post-operative surveillance of CRC patients.

Answer: We revised this part in the conclusion.

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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