Format for ANSWERING REVIEWERS

13. Dec. 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6456_edited.doc).

Title:

Author:

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6456

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 00289451

(1) The title should be modified as following: Imaging Diagnosis of Pancreatic Cancer: a State-of-the-Art Review → I modified the title as the comment.

(2) The acronym "MDCT" in the Introduction section is not previously defined. The acronym "ERCP" in the "Endoscopic ultrasonography and fine-needle aspiration" section is not previously defined. → I added them to the manuscript.

(3) In the "Standard protocol for pancreatic cancer evaluation" section, the clinical protocols for Ultrasonography, Endoscopic ultrasonography and PET-CT are missing. Please, provide those protocols too (possibly also giving main details on contrast media administration) or alternatively properly justify why those protocols don't need to be described in the manuscript. → I added them to the manuscript.

(4) In the "Performance of CT and MR for diagnosis, staging, and resectability", please provide justification why the other techniques are not listed for comparative evaluation of performances. → Because, in the real clinical practice, other techniques including US, EUS, and PET/CT are not used independently for staging and resectability. So that, they do not have reliable and recent data in comparison to CT or MR for resectability.

(5) In the "New techniques in pancreatic imaging" section, some references for Non-ionizing Experimental Technique for tumor masses tissue typing should be included for the sake of completeness. Some references are the following: Aboofazeli M, et al.Tissue characterization using multiscale products of wavelet transform of ultrasound radio frequency echoes. Conf Proc IEEE Eng Med Biol Soc. 2009;2009:479-82. doi: 10.1109/IEMBS.2009.5335160. Soloperto G, et al. Advanced spectral analyses for real-time automatic echographic tissue-typing of simulated tumor masses at different compression stages. IEEE Trans Ultrason Ferroelectr Freq Control. 2012 Dec;59(12):2692-701. doi: 10.1109/TUFFC.2012.2510 → We apologize that we do not have knowledge about those new techniques you mentioned. Since we included

clinically/commercially available new techniques at present in this section, we are afraid that those contents will not be mixed up with other contents well.

(6) In the "DCE-MR, DWI, and gadoxetic-acid-enhanced liver MR for Evaluation of liver metastasis" sub-section, a short comparative speculation on CE-CT imaging should be added for liver metastasis and vessel segmentation for the "vascular involvement". The following papers could be properly summarized at the end of the paragraph: Ruskó L, et al. Automated liver lesion detection in CT images based on multi-level geometric features. Int J Comput Assist Radiol Surg. 2013 Oct 5. Conversano F, et al. Hepatic vessel segmentation for 3D planning of liver surgery experimental evaluation of a new fully automatic algorithm. Acad Radiol. 2011 Apr;18(4):461-70. doi: 10.1016/j.acra.2010.11.015. Lamata P, et al. Use of the Resection Map system as guidance during hepatectomy. Surg Endosc. 2010 Sep;24(9):2327-37. doi: 10.1007/s00464-010-0915-3. Massoptier L, et al. A new fully automatic and robust algorithm for fast segmentation of liver tissue and tumors from CT scans. Eur Radiol. 2008 Aug;18(8):1658-65. doi: 10.1007/s00330-008-0924-y. → In the end of paragraph, you can find the sentence of "The reported sensitivity of gadoxetic acid-enhanced liver MR is 85% for detecting liver metastasis in pancreatic cancer, and which is significantly higher compared with that of CT which is 69%". And the main problem when we evaluate the vascular involvement in pancreatic cancer is "interpretation" of soft tissue (tumor) extent around the vessels, not "detection". Because the tissue contrast between vessel and tumor is very good, detection is not difficult. The things are 1) the soft tissue is real tumor or just edema or fibrotic tissue? 2) What is the exact extent of true tumor infiltration? It is not very related to the vessel segmentation of liver or other organs.

Other reviewers did not ask revision.

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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