

## **ANSWERING REVIEWERS**

**Manuscript ID:** 75723

**Manuscript Title:** The role of gadoxetic acid-enhanced liver magnetic resonance imaging in the evaluation of hepatocellular carcinoma after locoregional treatment.

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

*We would like to express our sincerest gratitude to the reviewers for the insightful and constructive review of our manuscript. It is our opinion that we were able to increase the quality of the manuscript following their suggestions. Below, you can find a point-by-point response to their remarks.*

*Kind Regards,*

*The Authors*

*The reviewers' questions were highlighted in bold and our answers in italics.*

### **Reviewer #1:**

**Specific Comments to Authors:** In this review, the authors provide a summary of the usefulness of gadoxetic acid-enhanced liver MRI findings in patients who underwent loco-regional treatments for HCC, with a special focus on ablative therapies (radiofrequency, microwaves, and cryoablation), trans-arterial chemoembolization (TACE) and trans-arterial radio-embolization (TARE) techniques and stereotactic ablative radiotherapy (SABR).

### **General Comments:**

**1.** Compared with CT, PET-CT or other imaging methods, how accurate is MR in the early detection of HCC recurrence? Is MR more advantageous than other imaging methods in evaluating of hepatocellular carcinoma after locoregional treatment?

*Thank you for your comment. We've added a paragraph titled "Liver MRI accuracy and limitations" that includes the information requested in both comments 1 and 2.*

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**2. It is lacked of the illustration of the limitations of MR in the evaluation of hepatocellular carcinoma after locoregional treatment.**

*Thank you for your comment. We've added a paragraph titled "Liver MRI accuracy and limitations" that includes the information requested in both comments 1 and 2.*

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**3. In this review, more than 50% of the references are published 5-10 years ago, or even 20 years ago. It is need to add more recently research articles.**

*We've added new references and updated some that were out of date as a result of your feedback. Only about 10% of the articles are more than ten years old, and roughly 70% of the references were published within the last five years.*

**4. The review only briefly introduced the common sense content such as the application of ablative therapies, TACE, TARE, and SABR, or the classic finding of MR after locoregional treatments with HCC. There is lack of summarization of the forefront of progress in this field**

*Thank you for your comment.*

*On the topic of locoregional therapies, we only briefly mentioned them in the review, and an in-depth discussion of these topics and what is new in this area is beyond the scope of our review. Whereas, in the section "Accuracy and limitations of liver MRI," we have added mention of some new imaging techniques, such as perfusion imaging and texture analysis.*

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**Reviewer #2:**

**Specific Comments to Authors:** This review comprehensively explains the MRI findings of hepatocellular carcinoma after different locoregional treatment methods, especially focusing on the manifestations of gadoxetate disodium (Gd-EOB-DTPA), and puts forward the imaging characteristics of different methods, which has great clinical significance. But there is a small problem, the title and content of the article mainly focus on the gadoxetate disodium (Gd-EOB-DTPA), so it should be emphasised in the conclusion part .

*Thank you for your comment.*

*We have slightly edited the final section based on your suggestions. In addition, in response to the other reviewer's comment, we included a paragraph titled "Liver MRI accuracy and limitations."*