

Format for ANSWERING REVIEWERS

May 12, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 16690-review.doc).

Title: 3.0 Tesla MRI: a new standard in liver imaging?

Author: Rossano Girometti

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 16690

The revised manuscript incorporated suggestions of the editor and reviewers, as follows:

1 Text format has been updated according to the editor's specifications. As suggested, we added a few headings in order to further emphasize the editorial content; one minor text change related to the above implementations is colored in blue in the revised text.

2 Revision has been made according to the suggestions of the reviewers.

(1) Since both reviewers (2861217 and 2861255) suggested minor language polishing and correction of typing errors, I asked an English-mother language colleague having the fellowship in our Institution to refine the text (the has been included in the acknowledgments at the end of the article). She was of help in correcting grammar errors and refining the text. All changes incorporated in the re-submitted manuscript are colored in red. Of note, such changes are limited to grammar and syntax, with no substantial modification of the content compared to the original version of the manuscript. We believe that English language is now suitable for publication.

(2) As requested by both reviewers, all abbreviations (e.g., SAR, SNF) were opened at first use. Though adding an abbreviation list (as suggested by reviewer 02851055) would be of help, I avoided to include it in order to adhere as more strictly as possible to recommended journal format.

(3) I believe reviewers 02861217 and 02851055 are right: some radiological terms and/or statements might be difficult to be interpreted by clinicians. I tried to clarify in brief some technical definitions (e.g., when discussing radiofrequency waves and SAR), and added two figures in order to highlight advantages and drawbacks in terms of image quality for T2-weighted and T1-weighted imaging, respectively.

(4) As requested by reviewer 02861217, I provided final recommendations for the use of 3.0T in everyday clinical practice (see newly introduced paragraph "Conclusions"), based on our personal experience.

(5) Reviewer 02861055 suggested to correct/refine the statement of the role for MRI in liver imaging at the beginning of the manuscript (now in the first paragraph "Moving towards 3.0T?"). As emphasized by the reviewer, the reference # 1 by Marrero et al. does not explicitly state that MRI outperforms CT in the detection and characterization of focal liver lesions. On the other hand, guidelines provide recommendations for everyday clinical practice, in which MRI might be not a reliable alternative to CT, e.g. because of lack of availability and/or expertise. In this scenario, of course, state-of-the-art CT is the best choice to image the liver. Nonetheless, I believe that dominant opinion in the radiological community is that, regardless of patients management pathways (which are not the topic of this editorial), MRI per se outperforms CT in assessing focal liver lesions, as I already emphasized in the editorial. This statement is supported by general recommendations provided by reference institutions (e.g., the American College of Radiology, see below), consensus statements on definite topics (e.g., Adams RB et al., HBP 2013;15:91-103 on colorectal liver metastases) and trials (e.g., Hammerstingl R et al., Eur Radiol 2008;18:457-467). In this light, I rephrased the initial statement as highlighted in the manuscript and changed reference # 1 with the recently updated appropriateness criteria for liver imaging of the American College of Radiology, which better emphasize the

radiologist's point of view.

Thank you again for considering our manuscript for the publication on the *World Journal of Hepatology*.

Sincerely yours,

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