

Format for ANSWERING REVIEWERS

August 25, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 19302-review.doc).

Title: Role of computed tomography angiography in detection and staging of small bowel carcinoid tumors

Author: David Bonekamp, Siva P Raman, Karen M Horton, Elliot K Fishman

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 19302

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

Referee: 1

General comments:

Dear authors, some corrections throughout the manuscript with regard to grammar and an additional revision on literature from 2014/2015 might improve the manuscript's quality. Please comment on potential diagnostic improvement using state-of-the art CT technique, i.e. 256-/320-/DSCT/volume scanners of different vendors. Please comment on the "use of a negative endoluminal contrast agent with good bowel distention of the small bowel" within the paragraph of your institutional imaging protocol! How do you perform it? An additional paragraph concerning diagnostics from nuclear medicine, and abdominal MRI (MR enterography/diffusion weighted imaging), in small bowel carcinoids (NET) might enhance the reader's knowledge.

Response to comments

We thank the reviewer for the comments. We have carefully proof-read the manuscript. We have performed a new literature search. We believe that the manuscript cites the pertinent literature, most of which lies before 2014. We have added a few results from 2014/15:

The sentence "In some instances, small bowel carcinoid tumors may be found as an unusual cause of gastrointestinal bleeding [18] or incidentally after resection of a Meckel's diverticulum [19]." has been added.

An article on a recent update on the SEER data has been added on page 7 "... , including a recent update [32]."

We have added a statement about scanner performance to the conclusion: "Spatial resolution is the main determinant of small lesion detection, accompanied by scan speed which helps to reduce motion artifacts that may blur small lesions. Faster scanners and higher spatial resolution are therefore expected to detect smaller lesions in the future, helped by a further increase in the quality of the resulting 3D techniques."

We have included a statement about our use of negative oral contrast on page 10: "We use a total of 1350 mL of a barium sulfate suspension (VoLumen, Bracco Diagnostics, Monroe Township, NJ, U.S.A.)

split into three doses of 450 mL each to be administered slowly orally in 10 minute intervals before the start of the scan."

We added a comment on MRI techniques for evaluation of small bowel carcinoid tumors in the conclusion: "The higher speed of acquisition and higher isotropic spatial coverage of modern MDCT are also advantages over current magnetic resonance imaging (MRI) techniques such as MR enterography and diffusion-weighted imaging (DWI) [46]."

Referee: 2

General comments:

This is a detailed review of Small Bowel Carcinoid Tumours and the role of CT scan in lesion detection and staging. As a review of already existing literature and an interesting CT description of different presentations of Small Bowel Carcinoid Tumours, it has a potential for publication.

Response to comments

We thank the reviewer for the comments. The reviewer makes no request for changes.

Referee: 3

General comments:

This is a well-written, image-rich manuscript. My only minor concern is the format. It appears to be a hybrid between a review and a pictorial essay. I'm not sure if this publication has the freedom to publish a manuscript that does not fit into a well defined category.

Response to comments

We thank the reviewer for the comments. The reviewer makes no request for changes.