Author's response to reviews

Title: Case report: PET/CT, a cautionary tale.

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Version: 3 Date: 26 May 2007

Author's response to reviews: see over
Dear Dr Le,

Case Report: PET/CT, a cautionary tale.

Thank you for your email dated 14 May 2007. We are very grateful for the reviewer’s comments. Enclosed please find our specific responses to these comments.

Reviewer 4:

1) Major compulsory revisions:
The authors’ contention that “… the potential for PET/CT to mislocalise lesions is not well appreciated by clinicians … in part because the PET/CT reports do not currently contain any disclaimer regarding this problem”, is rather exaggerated and not entirely supported by the data they present. It is becoming practice to attach disclaimers only when necessary and not routinely, as is implied in the quote above. (A disclaimer ought to have been inserted in the PET/CT report in this case, since the PET alone suggests the lesion is pre-vertebral.) Please add qualifiers to the contention.

We have now amended the disclaimer sentence to emphasize that only in contentious reports (such as in our case) should a disclaimer be attached to the report.

2) Discretionary revisions:
Generally, “PETologists” look at the PET and the CT separately as well as co-registered (as in Fig 1 E&F; the PET component (Fig 1H, a poor reproduction) presumably did not appear comparable to the prior PET (Fig 1 A&B); more comparative images would help make the authors’ case.
Finally, was any attempt made to co-register the PET alone with the PET component of the PET/CT?

The PET image from the PET/CT (Fig 1H) is a non-attenuated image which is important in showing the location of the FDG uptake as detected by the scanner, hence the quality is not comparable to the images from the isolated PET scan.
The PET and PET/CT scans were performed at different hospitals, therefore it was not possible to co-register the PET alone with the PET component of the PET/CT.

As these are discretionary revisions made by the reviewer, we feel that we have addressed them in this letter, and no revisions have been made to the manuscript based on the comments.

In summary, Reviewer 4 has given our manuscript a favourable review, and has recommended acceptance following the revisions which we have addressed. We therefore trust that the revised paper is now acceptable for publication in the BMC Cancer. Should you require any further information, please do not hesitate to get in touch with us. Thanking you in advance for your kind help and attention in this matter,

Yours sincerely,

Michael J Seckl, Corresponding Author.