Reviewer's report

Title: Integrated FDG-PET/CT Imaging Is Useful In The Diagnosis Of Carcinoid Tumors Of The Lung

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Reviewer: Orazio Schillaci

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The aim of the study is to evaluate the diagnostic performance of FDG PET in pulmonary carcinoids. On the basis of the results reported by Stefani et al I cannot see any critical advantage in performing a FDG PET rather than an octreotide or dotatoc SPECT or PET respectively in patients with a SPN.

The article do not answer to the question "Should we perform an FDG or an octreotide imaging in the approach to a SPN?". Accordingly, the word "diagnosis" in the title should be changed in "approach to" Carcinoid tumors of the lung.

The authors suggest a role of FDG PET in nodules with "ovoid/round shape and smooth margins on the CT scan". This statement is speculative since there is not a significant analysis of the FDG PET performance in nodules with these characteristics as compared to other type of nodules (i.e with non-clear limitations or irregular margins).

Since the acquisition parameters of the CT scan is not well explained in the text, accordingly to material and methods section I can assume that a low amperage CT scan (80-100 mA) in "free-breath" is used in this study.

This CT acquisition in not adequate for a nodule characteristics assessment (breath artifacts, attenuation artifacts), especially for small lesions.

How can the authors recognize necrotic areas without using contrast agents (see results)?

The statistical analysis lack of the calculation of sensitivity and specificity. This could be of interest especially when comparing the modality proposed by the authors (nodule vs lung SUV ) with others modalities (nodule VS MBP).

In the study 4 patients received a preoperative diagnosis by means of biopsy. Did the authors perform the PET before or after biopsy in these patients?

Level of interest: An article of limited interest

Declaration of competing interests:

I declare that I have no competing interests