Author’s response to reviews

Title: The impact of 18F-FDOPA-PET/MRI image fusion in detecting liver metastasis in patients with neuroendocrine tumors of the gastrointestinal tract

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Author’s response to reviews:

Dear Editor,

We would like to thank you for giving us the opportunity to improve and resubmit our study entitled “The impact of 18F-FDOPA-PET/MRI image fusion in detecting liver metastasis in patients with neuroendocrine tumors of the gastrointestinal tract.” We have revised the manuscript according to your suggestions.

We would also like to thank the reviewers for their substantial advice concerning our study. We have made the changes they recommended.

Please find enclosed our resubmission.

Best regards,
Zandieh Shahin, M.D.

Reviewer 1

Language revision is advisable.

A native speaker from an editing and proofreading service has edited the manuscript.

Background, lines 22–29: It is good that you added this sentence. It would be best to insert it after the sentence in line 15 ending with “[3]”; the word “carcinoid” should be changed to “NEN.” Also, you need to add something regarding grades 1, 2, and 3 NENs, preferably by putting this information into the next sentence, for example, with the wording, “According to the WHO classification, based on their KI-67 index, neuroendocrine neoplasms (NENs) are divided into grades 1–3 (G1 ≤ 2%, G2 3–20%, G3 > 20%). G3 NENs are distinguished from neuroendocrine carcinomas by their level of histological differentiation, with NETs being well differentiated and neuroendocrine carcinomas (NECs) being poorly differentiated.”

We have adapted the background section according to your suggestion.

Next page, line 2: Be consistent with British English spelling (analogue, labelled, etc.)

A native speaker from an editing and proofreading service has ensured all spelling complies with UK style requirements.

Lines 47–57: Please rephrase this sentence and mention 68Ga-DOTA-SSAs and FDOPA before FDG because the former two are used far more often than the latter. The vast majority of NEN patients have G1–2 NETs, where FDG plays a minor role (the exception being well-funded centres that perform PET/CT with both 68Ga-DOTA-SSA and FDG).
We have changed the text based on your suggestion.

Discussion, line 60: “In fact, the use of F-18-FDG should be limited to poorly differentiated G3 tumours.” This is perhaps a little too extreme of a statement. Many centres perform PET/CT with FDG in patients with G2 NETs with a ki-67 index > 15%. Other centres also add PET/CT with 68Ga-DOTA-SSA in these patients. Some well-funded centres even perform both 68Ga-DOTA-SSA and FDG in all G2 and G3 patients. I would therefore suggest rephrasing the sentence to, for example, “The use of F-18-FDG-PET/CT is usually limited to patients with high G2 and G3 tumours. Some centers perform PET/CT with both 68Ga-DOTA-SSA and FDG in all patients with G2–3 tumours because of the prognostic information achieved from tumour FDG positivity versus negativity.”

We have amended the paragraph based on your suggestion.

Next page, lines 1–2: “The real problem . . .”

This sentence can be deleted.

Based on your suggestion, we have deleted this sentence.