

June 30, 2014

Dear Editor,

We would like to thank you and the reviewers of the *World Journal of Gastroenterology* for taking the time to review our article.

The column of manuscript; Retrospective study

We have made some corrections and clarifications in the manuscript after going over the reviewers' comments. The changes are summarized below:

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Please find enclosed the edited manuscript in Word format (file name: 11390-review.doc).

**Title:** CT and MRI evaluation of lymph node metastasis in early colorectal cancer

**Author:** Joonsung Choi, Soon Nam Oh, Dong-Myung Yeo, Won Kyung Kang, Chan-Kwon Jung, Sang Woo Kim, Michael Yong Park

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 11390

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

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewer

(1) **Reviewer; 2571990**

I think is a good paper. I have some suggestions, first of all I will reduce the size of the abstract.  
=> We reduced the size of abstract including material and method.

(2) **Reviewer; 2569544**

The Material & method paragraph from the Abstract is too large. In my opinion it has to be revised and reduced.

=> We reduced the size of abstract including material and method.

(3) **Reviewer; 2562428**

In this paper the authors conducted a retrospective study to probe the role of CT and MRI for evaluation of lymph node metastasis in early colorectal cancer. They concluded that the short diameter size criteria of  $\geq 4.1\text{mm}$  for lymph nodes was optimal for nodal staging in early colorectal cancer. Their results are instructive, but the biases caused by retrospective study such as the measurement bias should be discussed more detailed in the discussion.

=> We added "Selection bias is another inevitable component in retrospective study. Although our study didn't show significant difference in demographic data between nodal metastatic and non-metastatic groups, other confounding factors such as measurement error or inconsistent sensitivity of radiologists can play as a confounding factor. To overcome this limitation, we need further prospective studies." to discussion (page 7, line 27 yellow colored).

**(4) Reviewer; 2569704**

**Comment1.** It is difficult that metastatic lymph nodes of colorectal cancer are diagnosed by CT or MRI. The conventional size criteria that the lymph node with the short diameter size of more than 7mm or 10mm is metastatic lesion was reported that it's diagnostic accuracy is low. It is reported that not only the size, lymph node metastasis diagnostic power is improved by its shape and radiological finding.

=> We agree with the reviewer in that additional radiologic findings other than lymph node size are important criteria. However, as we mentioned in discussion, the size of lymph nodes in our study were too small to evaluate for their morphologic features. (Discussion page 7, line 30, gray colored) This study is a first step in the field of early colorectal cancer and we think further studies are needed to improve imaging diagnosis of metastatic lymph nodes in early colorectal cancer.

**Comment 2.** In this study, the sample size is small; this is not a universal indicator.

=> We agree with the reviewer. Therefore, we mentioned it in the limitation. (Page 7, line 25, gray colored) . . .

**Comment3.** In addition, I have no idea why can you diagnose that metastatic lymph nodes are the short diameter size of more than 4.1mm with 5mm slice CT and/or MRI.

=> As the reviewer pointed out, the reconstruction slice thickness of CT is 5mm. However, the detection and measurement of LNs are related to the CT spacial resolution than reconstruction thickness. The section thickness was less than 1mm in both CT machines (0.6mm/0.75mm). So the spacial resolution of CT will be no more than 1mm, which was enough to detect and measure lymph nodes with 3mm or larger size. As for the resolution of MRI, FOV of MR was 200 x200 mm and the matrix size was 320 x 224, which implies the in-plane resolution is less than 1mm which was enough to detect 3mm lymph nodes.

3. References and typesetting were corrected

We hope the revised manuscript will better meet the requirements of your journal for publication. We thank the editor and the reviewers of the *World Journal of Gastroenterology* once again for the constructive review of our paper.

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Sincerely yours,

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