

## **Evaluation of tumor response after stereotactic body radiation therapy for lung cancer: role of 18F-FDG PET/CT**

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**EVALUATION OF TUMOR RESPONSE AFTER STEREOTACTIC BODY RADIATION THERAPY FOR LUNG CANCER: ROLE OF 18F-FDG PET/CT**

Journal of Clinical and Translational Research

Dear Dr. Alcantara,

Reviewers have now commented on your paper. You will see that they are advising that you revise your manuscript. If you are prepared to undertake the work required, I would be pleased to reconsider my decision.

For your guidance, reviewers' comments are appended below.

If you decide to revise the work, please submit a list of changes or a rebuttal against each point which is being raised when you submit the revised manuscript. Also, please ensure that the track changes function is switched on when implementing the revisions. This enables the reviewers to rapidly verify all changes made.

Your revision is due by Aug 27, 2020.

To submit a revision, go to <https://www.editorialmanager.com/jctres/> and log in as an Author. You will see a menu item call Submission Needing Revision. You will find your submission

record there.

Yours sincerely

Michal Heger  
Editor-in-Chief  
Journal of Clinical and Translational Research

Reviewers' comments:

Reviewer #1: Nice and comprehensive discussion of the role of PETCT acknowledging the fact that we are not there yet .

Some of my critiques are as follows :

other limitations of PET-CT compared to CT should also be mentioned , these include : Cost, radiation dose, limitations in resolution especially if the CT scan is in expiration. PET CT is less sensitive if the recurrence is less than a centimeter in size and false positives secondary to infection should also be mentioned.

Another limitation is availability as compared to CT.

There is no doubt about the role of PET CT in the presence of suspicious findings on CT but I would also emphasize the fact that PET-CT helps guide biopsy when the CT images are confounding.

Also emphasize the fact that pet-ct is superior to CT for detection of regional and distant metastases.

There are some errors in the legends eg legend 2 last line should say stable in 2018.

legend three uses terminology for late radiation fibrosis to describe changes within 2-3 months rather than terminology for early changes .

Overall images are of high quality.

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Authors' response

Reviewers' comments:

Reviewer #1:

1. other limitations of PET-CT compared to CT should also be mentioned , these include : Cost, radiation dose, limitations in resolution especially if the CT scan is in expiration. PET CT is less sensitive if the recurrence is less than a centimeter in size and false positives secondary to infection should also be mentioned.  
Another limitation is availability as compared to CT.

On page 10 we have added “Some limitations of PET-CT compared to CT include cost, radiation dose, and availability. Resolution is also sometimes lower than that of CT especially if the CT scan of PET-CT is performed in expiration or when studying small lesions. In PET studies false positives secondary to infection should be considered and correlated with the CT study.”

There is no doubt about the role of PET CT in the presence of suspicious findings on CT but I would also emphasize the fact that PET-CT helps guide biopsy when the CT images are confounding.

Also emphasize the fact that pet-ct is superior to CT for detection of regional and distant metastases.

On page 11 we have added “PET-CT also helps to guide biopsy when the CT images are confounding and is superior to CT for detection of regional and distant metastases.”

There are some errors in the legends eg legend 2 last line should say stable in 2018. Figure 2 legend (page 16): stable since 2018 has been changed to “stable in 2018”.

legend three uses terminology for late radiation fibrosis to describe changes within 2-3 months rather than terminology for early changes .

1. On page 5, a reference to figure 3 has been added as the figure shows patchy consolidation after 3 months of treatment (early change), and the reference to figure 3 as “modified conventional pattern” (late finding) has been removed.
2. Figure 3 (page 17): we have corrected the radiological pattern description: “Three months after SBRT the PET/CT shows changes consistent with patchy consolidation pneumonitis” instead of “modified conventional type with consolidation” and we have also changed the expression “mass type morphology” to “mass-like morphology” when describing the images 12 months after SBRT.

Overall images are of high quality.

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2<sup>nd</sup> Editorial decision  
06-Sep-2020

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EVALUATION OF TUMOR RESPONSE AFTER STEREOTACTIC BODY RADIATION  
THERAPY FOR LUNG CANCER: ROLE OF 18F-FDG PET/CT  
Journal of Clinical and Translational Research

Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger  
Editor-in-Chief  
Journal of Clinical and Translational Research

Comments from the editors and reviewers:

Reviewer #1: Thank you for editing the manuscripts as per reviewing recommendations.