RESPOSTA AO EDITOR E REVISORES

**Editor comentário1**: com o objectivo de optimizar a legibilidade do seu artigo e assim incrementar potencialmente as citações do mesmo, recomendamos que os conteúdos redigidos em inglês sejam revistos por um "native speaker", tradutor qualificado ou empresa especializada em serviços de "language polishing";

Resposta: O artigo foi revisto na expectativa de tornar mais polido o inglês utilizado. Foram também corrigidos alguns erros, entretanto detectados (com auxílio de um corretor gramatical), e feita a uniformização para inglês britânico.

**Editor comentário2**: resumo e o abstract não deverão incluir abreviaturas;

Resposta: As abreviaturas no resumo/abstract foram substituídas pela forma extensa.

**Editor comentário3**: as abreviaturas deverão ser enunciadas por extenso na primeira vez que sejam referidas no corpo do manuscrito [ex: advanced maternal age ( AMA,)] e não em nota de rodapé, no abstract/resumo, ou em listagem de abreviaturas.

Resposta: O artigo foi revisto e foram introduzidas as formas extensas de algumas das abreviaturas que, por lapso, ainda não estavam assim referidas na primeira vez que surgiam no texto. Porém, na nossa opinião, a existência de uma lista de abreviaturas neste caso particular facilita a leitura do texto pelo que, se fosse possível, gostaríamos que esta se mantivesse.

**Revisor B comentário1**:  Major question: it is not clear why DIR (double inversion recovery) or Phase-sensitivity inversion recovery (PSIR) is not recommended as mandatory, or at least highly recommended, since cortical lesions are now included in the MacDonald Criteria 2017 to demonstrate DIS. Please clarify.

Resposta: In the paper we stated some of the drawbacks of these sequences causing difficulties in its wide application in clinical practice:

* “DIR is susceptible to flow-related artifacts and variations on grey matter signal intensity, leading to frequent false positives and low interobserver concordance”
* “Phase-sensitivity inversion recovery (PSIR) seems to improve detection and classification of intracortical lesions when combined with DIR though, even with this combined protocol, lesions with minimal extension into the white matter still difficult to classify.”
* “we lack standardization of image acquisition and image analysis of cortical lesions with specific imaging criteria”

Furthermore, since the main goal of these paper is to make MRI acquisitions in MS as uniform as possible between imaging centers (public and private), we did not consider mandatory those sequences that are not generally available in all manufactures (because of the equipment age or because they represent an extra cost).

In the manuscript we now emphasized the justification for this recommendation hopping to make it clearer.

**Revisor C comentário1**: There are some words that either appear in UK English or US English – that should be reviewed and standardized – eg: artifacts vs artefacts. Please check also other typos/spelling mistakes – eg: “weighted”

; “on” vs “in”; “assess” vs “access” (and other mistakes). Abbreviations should be standardized and taken into account along the manuscript - eg: multiple sclerosis (MS) – ant others.

Resposta: We checked and corrected the spelling mistakes and standardized the text to UK English.

**Revisor C comentário2**: A very brief summary of the most recent McDonald Criteria (1-2 sentences max) would be relevant for this manuscript, since will likely be used as a resource for Portuguese neuroradiology centers.

Resposta: We add a summary of MRI Mcdonald Criteria as a footnote in table 3.

**Revisor C comentário3**: In terms of neuroradiology language whenever FLAIR is mentioned it should be specified if it is T2.

Resposta: T2-FLAIR is now specified whenever it was missing.

**Revisor C comentário4**: Fig 1 - should not have information concerning the acquisition – such as date of acquisition. For aesthetic reasons, everything but the clinical image should be excluded. Proper labeling – A and B – is also missing.

Resposta: A corrected figure was uploaded.

**Revisor C comentário5**: Fig 2 – As for Fig 1, for aesthetic reasons, everything but the clinical image should be excluded. Proper labeling – A, B and C – is also missing.

Resposta: A corrected figure was uploaded.

**Revisor C comentário6**: Fig 3 – Whatever style of labeling is used here, it should be coherent with Figs 1 and 2.

Resposta: Style is now coherent with other figures.

NOTA: As alterações realizadas encontram-se assinaladas no texto a cor azul.