Reviewer 1:

Manuscript interest:
Authors report an interesting study about the evaluation of the local extension of nasal adenocarcinomas. It’s an original work. It has a real interest for surgery of those rare tumors. Nevertheless some corrections are needed before publication.

Introduction:
- ADC usually originate in the olfactory cleft: reference?
- 10% in a multicentric GETTEC study : reference?

Methods:
It is a retrospective study performed to test the intra and inter-observer reproducibility of a radiological reading grid to evaluate the local extension of nasal adenocarcinomas.

The methodology is reliable. The grid is well defined. Two independent teams (ENT and Radiologist) read the anonymized CT/MRI images 2 times with a minimal of 3 weeks interval. Inclusion and exclusions criterias are mentioned in the methods section. The statistical analysis software is not mentioned.

Results:
30 patients were included.
Authors compared imaging material which were performed in different centers. CTscan and MRI parameters were variable. For some patients some MRI sequences were lacking. But radiological exams were not compared to each others. This minimizes this bias.

Results are well presented. Table 1 shows the results in details. Results of the evaluation of the relationship with each anatomical barrier are partially explained in the text.

One of the major problems of this study is that the criterias used to assess the stage of the tumor (d1, d2, d3…) are not explained. It is especially important for the difference between d3b and d4 (tumor lysed the bone with an imprint onto the adjacent organ and the tumor was invading the adjacent organ). It is the hardest point to define when we evaluate a tumor’s stage. In the table 1 shows that relationship of the tumor with the ethmoidal roof is quite difficult to establish. This is not mentioned in the text neither in the discussion whereas the relationship with the anterior wall of the sphenoid is well discussed. This should be modified before publication.

It could be interesting, in another study (?), to compare histological reports to results of the grid.
Discussion:

The discussion should be modified as mentioned above.
The discussion of the imaging criteria chosen to assess or not the invasion of adjacent organ should also be discuss before to recommend any MRI sequences.
The last part of the discussion (about surgery of the orbital content) is not in the subject I think.

Manuscript form:
- There is a typing error on the address of Univerité de Lorraine: Avenue de la Foret.
- There is a typing error in the abstract: Methods:_We
- Figure 1 title is too long, should be less than 15 words

Reviewer 2

this is a good paper, which seems worthy of publication. The positive points that I see are:

1. Objective is good and clearly stated.
2. The methods of blinding of the image readers seems sound.
3. The results are clearly and convincingly presented.
4. That various centers were involved in the study seems a favorable feature.
5. The statement in the discussion that, "To our knowledge, reproducibility has never been tested," seems to indicate some uniqueness of the study.

Negatives:

1. Although the English grammar is mostly good, the paper would benefit by critical review by a primary-English speaking editor.
2. "ENT" should be otolaryngologist.
3. The stages of tumor should be defined.

I would favor accepting the paper with minor revision.

(end)