

Li-Jun Cui

Science editor

World Journal of Gastrointestinal Endoscopy

Dear professor Li-Jun Cui.

**Subject: Submission of revised paper, Manuscript NO: 37981.**

Thank you for returning the reviewers comments. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below. Changes to the manuscript are shown in bold.

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.

Sincerely,

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### **Response to Reviewer 02954022:**

Thank you for your review of our paper. We have answered each of your points below.

- 1. The case report fails to describe other competitive technologies including confocal laser endomicroscopy, risk of bleeding associated with a forceps bx in IPMNs, and possible management of bleeding in these situations.*

A description of confocal laser endomicroscopy and associated adverse events has been added on p. 7 lines 47-49 and p. 8 line 50-52. Risk of bleeding associated to the use of the microbiopsy forceps has been addressed on p. 8, lines 54-58.

- 2. While NGS is supposed to yield positive results in a bx sample, the authors would need to mention as to why it was not suggestive of underlying pathology.*

A multigene panel exploring selected regions of 50 cancer-associated genes, among others KRAS, GNAS, CDKN2A and SMAD 4 genes were used as described on p. 7 lines 26-29. No mutations were detected in the sample as mentioned on p. 7, line 41. Even though GNAS and concomitant KRAS mutations is considered specific of IPMN, the sensitivity is low, as to why a negative result of the NGS analysis doesn't rule out underlying pathology as seen in our case. This comment (and a reference) has been added on p. 8 line 74 and p. 9 lines 75-79.

- 3. The authors would need to also address technical difficulties of using a 19g needle with a loaded Moray forceps and the difficulty with obtaining samples from lesions in the uncinata process.*

A comment regarding the technical difficulties has been added on p. 8, lines 58-64.

- 4. Further the associated risks of pancreatitis with a 19g (whether increases vs. no risk) will need to be addressed.*

A comment regarding adverse events and the microbiopsy forceps procedure has been added on p.8 lines 58-60.

### **Response to Reviewer 00055108:**

Thank you for your review of our paper. We have answered each of your points below.

- 1. I suggests that the author finds another way to describe the puncture route - "transgastrically" is not a precise description.*

The term has been replaced with the sentence "Through the stomach wall" on p. 6 line 20 and p. 9 lines 85-86.

- 2. Please provide arrows on figure 1 to indicate location of the needle and area of interest.*

Arrows have been added on the figure.