

Format for ANSWERING REVIEWERS

May 21, 2018

Dear Editor:



Please find enclosed the edited manuscript in Word format (file name: 39662 revised highlighted.doc).

Title: Push vs. pull method for endoscopic ultrasound-guided fine needle aspiration of pancreatic head lesions: Propensity score matching analysis

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 39662

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

1 The format has been updated.

2 Revisions have been made according to the reviewers' suggestions.

Reviewer 1: This is a well conducted and well written manuscript.

Comment 1: "Diagnosis by histology of EUS-FNA specimens" terminology is not correct. It will be better to use the terminology "Diagnosis by cytology of EUS-FNA specimens".

Response: Thank you for this comment. If only a small specimen was obtained by EUS-FNA, a diagnosis was made by cytology only. Therefore, we investigated the factors contributing to a histological diagnosis of EUS-FNA specimens. We determined that the push method contributed to the removal of a larger specimen and the ability to make a diagnosis by histology of EUS-FNA specimens. Therefore, we did not replace "histology" with "cytology".

Comment 2: Please mention about the preparation of cytologic specimen (Which fixative, which stain, number of slides, did they prepare cell block? Did they use immunocytochemistry?)

Response: Thank you for this comment. Specimens for histology were fixed overnight in a 10% formalin solution. One specimen slide was prepared and stained with hematoxylin and eosin, and other slides were prepared for immunostaining (p53 or Ki-67) as necessary (lines 166-169). Cell blocks are not prepared in our institution.

Comment 3: It will be better to add a cytopathologist to author list.

Response: Thank you for this valuable comment. We added a cytopathologist to the author list.

Reviewer 2: This is clearly written and has an important message.

Response: Thank you for reviewing our manuscript.

Reviewer 3: Authors in this study has performed a retrospective analysis of the efficacy of EUS-FNA using push and pull methods for pancreatic head cancer. The manuscript is well written.

Comment 1: Authors should elaborate in the method section the definition of malignant or adequate samples on cytology, the cytologic criteria for reporting of FNA samples.

Response: Thank you for this comment. We added a definition of malignant or adequate samples with respect to cytology and cytologic criteria (lines 165-169).

Comment 2: Authors have used FNA needles and FNB needles like the acquire, there is some data that FNB might require less passes and increase the yield of samples. Authors should also compare FNA and FNB needles used in both groups.

Response: Thank you for the valuable comment. EUS-TCB or EUS-FNB needles were used for only two patients. A Quick-Core needle (Cook Medical Inc.) was used in a patient in the push group, and an Acquire needle (Boston Scientific) was used in a patient in the pull group. Therefore, we believe that the use of EUS-TCB and EUS-FNB needles did not significantly influence the results. We added this description to the text (lines 255-262).

Comment 3: Total time required for the procedure can also be compared. Also elaborate the results section of the manuscript.

Response: Thank you for the valuable comments. We apologize that we do not have data concerning the procedure time.

Comment 4: Reported diagnostic accuracy of EUS-FNA for solid pancreatic lesions can be as high as 97% depending on the type of hospital as shown in the study, Comparison of the outcomes of endoscopic ultrasound based on community hospital versus tertiary academic center settings, Digestive diseases and sciences 59 (8), 1925-1930).

Response: Thank you for this reference. We have added the indicated citation to our manuscript (lines 115-116, citation no. 9).

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely,
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