

Dear Editor,

Please find enclosed the edited manuscript in Word format

Title: A Concise Review on The Comparative Efficacy of Endoscopic Ultrasound-Guided Fine-Needle Aspiration vs. Core Biopsy in Pancreatic Masses, Upper and Lower Gastrointestinal Submucosal Tumors

Name of Journal: world journal of gastrointestinal endoscopy

The manuscript has been improved according to the suggestions of the reviewers

Thank you for providing us the comments to significantly improve our manuscript.

Sincerely yours,

Tawfik Khoury,

Reviewer 1: It is well written review about the efficacy of EUS-FMA and FNB in GI and pancreas tumor.

Comment 1: There was too short explanation in the safety section. The author only described the incidence of S/E of this procedure.

Answer: the authors accept comment. More data were added.

Reviewer 2

Comment 3: Page 7 Trucut Biopsy needle production is stopped. authors should mention this.

Answer: the authors accept the comment. Text data were added.

Comment 4: Page 7. Reverse order of reference 17, 16.

Answer: the authors accept the comment. Corrected.

Comment 5: Page 7. change another organs to other organs.

Answer: the authors accept the comment. Changed.

Comment 6: Page 8. Give reference for submucosal tumors are most common in stomach and proximal small intestine.

Answer: the authors accept the comment. Reference inserted.

Comment 7: Page 8. change "the most common sub epithelial tumors" are called to "the most common sub epithelial tumors are GIST".

Answer: the authors accept the comment. Changed.

Comment 8: Page 9. Since authors are comparing EUS FNA to EUS FNB. Just like they reported for FNB, report sensitivity, specificity, PPV, NPV, and accuracy for FNA.

Answer: the authors accept the comment. Data were added.

Comment 9: Page 11. Rewrite sentence , and even used concurrently. Other points. There are currently three different commercially available second generation FNB needles with different tip design. This should be mentioned in the review. Trucut Biopsy needle (EUS guided) is no longer being used as the company stopped making this needle. this should be mentioned. Different available sizes and comparison between those sizes should be briefly mentioned.

Answer: the authors accept the comment. Data were added.

Reviewer 3: The authors present an analysis of the compare the efficacy of EUS-FNA to that of EUS-FNB in the characterization of pancreatic masses and of upper and lower gastrointestinal submucosal tumors. As a new technology, EUS-FNB has the inherent advantage of the collection of core biopsies via an endoscopic approach. FNB is not limited in immediate onsite cytopathological reviewing and can provide a greater sample yield allowing for genetic sequencing and phenotyping. Furthermore,

EUS-FNB can be accepted as safe procedures as EUS-FNA with a low complication rate of approximately 1-2%. Some comments on the shortcomings:

Comment 10: Indication In the ESGE Technical Guideline – 2017 (PMID: 28898917), routine EUS-guided sampling of solid masses and lymph nodes (LNs) ESGE recommends 25G or 22G needles (high quality evidence, strong recommendation); fine needle aspiration (FNA) and fine needle biopsy (FNB) needles are equally recommended (high quality evidence, strong recommendation). And only when the primary aim of sampling is to obtain a core tissue specimen, ESGE suggests using 19G FNA or FNB needles or 22G FNB needles, with the quality evidence is low, the recommendation is weak. So, in terms of indications, what are your opinions, or, could you explain it more in detail?

Answer: the authors accept the comment. Data were added.

Comment 11: Safety Page7-8: “EUS-guided core biopsy (using the 19- gauge Trucut needle) has also been shown to be safe, with an adverse events rate of approximately 2%”, similar to the complication of FNA. The number of passes required by FNB was lower than those by FNA may be the one of the reasons, as the ESGE suggesting (PMID: 28898917). But we are still a prudent attitude. Because the wound caused by FNB is much more than the one by FNA. Can you give more advice about the technical detail, or, we need to do what work if ready to large-scale development of the technology ?

Answer: the authors accept the comment. The trucut needle production was stopped by the company and newer FNB needles were developed. Data showed high safety profile of the FNB needles. The text was updated and data were added.

Comment 12: Novelty Page 11: “Currently, there are no guidelines regarding which of these is the optimal therapy”. About the EUS or EUS-guided sampling, some important guidelines had just been released (PMID: 29291601, 29463614, 28511234, 28898917). Although these guidelines are not perfect, but why the author said nothing. And, in addition to let us know EUS-FNB is very important, comparing with these guidelines, can you point out the innovation points, or What we should pay more attention to?

Answer: the authors accept the comment. Data were added.

Comment 13: Reference There are no references in 2018 and 2017, only 2 references in 2016, 4 references in 2015, 1 reference in 2014, the other 43 references are published before 2014. As a Concise Review, whether reference data is too old, whether this is rigorous? In fact, about the EUS or EUS-guided sampling, some important guidelines had just been released in 2017 and 2018 (PMID: 29291601, 29463614, 28511234, 28898917).

Answer: the authors accept the comment. References were inserted.

Comment 14: Title and short running title: accurately reflects the topic and contents of the paper. Key words: 5 key words, precisely define the contents of the paper. Abstract: is appropriate, not structured, 161 words. Introduction: is appropriate, 278 words, the reader is properly informed on EUS- FNA and EUS - FNB method in evaluating different GIT tumors. Content of the article: is divided into sub-sections that provide meaningful content – safety profile, EUS-FNA vs. FNB in pancreatic masses, EUS-FNA vs. FNB for upper gastrointestinal submucosal tumors, EUS-FNA vs. FNB for rectal and peri-rectal tumors. The authors conclude the chapter with a general thought that EUS-FNB can be considered a complementary procedure to overcome the disadvantages of EUS-FNA. Conclusion: is short, 134 words, with a clear message, that at the present moment, there are no guidelines which method should be used/recommended. In conclusion, it is also expressed the thought that "more tissue/sample is better (FNB)"! References: 50, are appropriate, relevant, from the last two decades, included are important contemporary references with guidelines (Gut, Endoscopy, Gastrointest Endosc, WJG, Cytopathology ...). References are not aligned with the journal's instructions. Conflict of interest: the authors report no conflict of interest regarding this manuscript Funding: none. The review article is interesting, but does not fulfill the expectations of the reader and does not bring any special novelties in this field.

Answer: the authors understand the comment. However, we improved our manuscript according to the comments mentioned above.