

**Reviewer 01213502**

The authors submitted an article entitled "Genetic testing versus microforceps biopsy in pancreatic cysts: systematic review and meta-analysis" They revealed 16 study titles and abstracts for MFB and 264 titles for MA and confirms the diagnostic value of both MA and MFB, with higher diagnostic accuracy of MA than MFB for both low-risk and high-risk mucinous cysts. However they also commended that genetic analysis should not be replaced by MFB in this context. The methodology, result and discussion all can be accepted to me.

Suggestion and comment as below: 1. A CEA level >192ng/mL is the most accurate diagnostic test for MCNs and cytology is highly specific ....

==> >192 Should be  $\geq 192$  ng/mL (The sentence mentioned in the reference was that: ....The accuracy of CEA was calculated at 79% using a cutoff of 192 ng/mL.) 2. The aim of this systematic review and meta-analysis is to evaluate the diagnostic performance of MA and MFB and find the most robust additional diagnostic technique in PCNs, in the pre-operative setting. ==>

"MA" Should be molecular analysis (MA)

ANSWER:

We thank for the reviewer's comments.

We accepted the suggestions concerning  $CEA \geq$ ; and changed MA to molecular analysis (please see page 5 and page 6).

**Reviewer 03026941**

To the authors, It was a pleasure reading your paper. I find the topic very interesting and besides the advice to avoid abbreviations in the abstract, I have no comments.

ANSWER:

We thank for the reviewer's comments.

We accepted the suggestions and removed all the abbreviations from the abstract (please see pages 3, 4).

**Reviewer 00188507**

The authors assessed the usefulness of genetic testing and microforceps biopsy in pancreatic cyst. The focus is interesting and could fill the unmet needs. The authors should describe the methods of genetic testing used in each study and discuss the difference, if any, and if necessary, should include it in the limitation.

ANSWER:

We thank for the reviewer's comments.

We accepted the suggestions and signaled in the revised version the suggestions. In fact, in all studies, genetic testing was performed using NGS (next generation sequencing). This is a very sensitive technique for detection of genetic mutations that allows the rapid detection of mutations in pre-defined panels of cancer genes, even in samples with limited DNA content, such as pancreatic cystic fluid. NGS requires storage, infrastructure, data processing, and expert personnel. Moreover, to be cost-effective, large numbers of samples need to be processed, making it applicable only in large centralized laboratories. These reasons make the implementation of NGS in clinical practice still a matter of debate (please see in introduction page 6, and methods page 7, discussion page 15 and 16).

**Reviewer 03656586**

This study compared the accuracy of genetic testing and microforceps biopsy in pancreatic cysts referred for surgery. The results give us enough evidence for select appropriate method in pancreatic cysts diagnosis.

ANSWER:

We thank for the reviewer's comments.

Our study underlines the diagnostic value of both MA and MFB, with higher diagnostic accuracy of MA than MFB for both low-risk and high-risk mucinous cysts. Genetic analysis should not be replaced by MFB in this context. However, MA has higher accuracy in the diagnosis of malignant and high-risk cysts.