

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 47248

Title: Endoscopic ultrasound-through-the-needle biopsy in pancreatic cystic lesions: A large single center experience

Reviewer's code: 04091933

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Senior Researcher

Reviewer's country: Russia

Author's country: United States

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2019-03-23 10:29

Reviewer performed review: 2019-03-23 14:25

Review time: 3 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The study described in the manuscript is relevant because the diagnosis of pancreatic cystic lesions is still difficult. In this study, the authors showed that EUS-TTNB for PCLs was technically feasible (100%), clinically successful (80.4%) and had a favorable safety profile (only 3.6% of adverse events). Furthermore, it is very important that IPMN subtyping was successful in most patients with IPMN, because the IPMN subtype may be an important factor in natural history of the disease and also may be helpful to decide how to follow the IPMN without resection. According to most experts, the IPMN subtypes assessment can predict postoperative prognosis. Therefore, subtype differentiation could lead to improvements in clinical management of patients with PCLs. The limitations of this study are described by the authors and do not affect the quality of the manuscript. References are very relevant: the most up-to-date scientific sources were used (latest 2018 references make up one-third of all references). In my opinion, the results of this study may lead to a significant improvement in the diagnosis of PCLs, since the EUS-TTNB is likely superior to the current standard of EUS-FNA cytology with fluid CEA.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication



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[] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 47248

Title: Endoscopic ultrasound-through-the-needle biopsy in pancreatic cystic lesions: A large single center experience

Reviewer's code: 03388095

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's country: United States

Author's country: United States

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2019-04-18 11:29

Reviewer performed review: 2019-04-20 12:59

Review time: 2 Days and 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. The authors did not describe histological criterion for the diagnosis of pancreatic cystic lesions on biopsy. They did not mention whether any immunostains or special stains used as adjunct tools or any established protocol for diagnosis because the tissue on forceps biopsy are typically very small and diagnosis is not straightforward. 2. It's a retrospective study and the authors did not mention whether all biopsies reviewed by experience pathologist(s) or just used prior pathology report. It also appears that no pathologists included in the authorship. 3. The authors did not described EUS features for different types of cystic lesions and did not discuss potential causes that led to different diagnosis on biopsy because the overall diagnosis for pancreatic cystic lesions requires close correlation of endoscopic findings and histology. In addition, in two cases of adenocarcinoma on biopsy, the authors did not mention whether it was cases of adenocarcinoma arising from IPMN or simply cystic adenocarcinomas which are very rare. 4. Serous cystic adenoma (SCA) typically has classic superficial vascular network on confocal laser endomicroscopy (CLE) which is highly specific for SCA. However, the study showed four cases of SCA on biopsy that was not suspected on EUS. 5. Based on current guideline, side-branch IPMN is the most common type of cyst encountered clinically (31 IPMN diagnosed endoscopically and 32 IPMN on biopsy in this study). In my view, the purpose of biopsy is to confirm the diagnosis and more importantly is to find any "high-risk" or "worrisome" features such as high grade dysplasia or cancer that requires surgical intervention vs low grade IPMN that can be managed conservatively. The study did not mention any high grade dysplasia or cancer in the 32 cases of IPMN; instead, they subclassified the epithelium into different types which to me is less important. For the 9 cases of inclusive, they did not mention any immunostains used for further classification and also not quite sure how they reached the diagnosis of IPMN for the 9 cases without classic histology of IPMN. 6. The aim of the study is to show EUS biopsy is superior to traditional FNA, however, the authors did not show the



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comparison of EUS biopsy to FNA in the same table with statistic analysis.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 47248

Title: Endoscopic ultrasound-through-the-needle biopsy in pancreatic cystic lesions: A large single center experience

Reviewer's code: 02679742

Position: Peer Reviewer

Academic degree:

Professional title:

Reviewer's country: South Korea

Author's country: United States

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2019-04-22 01:43

Reviewer performed review: 2019-04-30 01:45

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This paper investigated the role of the EUS-TTNB for the diagnosis of pancreatic cystic lesions, comparing to the efficacy and safety of EUS-FNA cytology and fluid CEA analysis. The authors demonstrate that EUS-TTNB is an adjunctive tool for pancreatic cystic lesions. This study is well-organized and -written. It is very interesting that using EUS-TTNB they can subtype the IPMN. There might be some concerns to be addressed, however. 1. There are too small number of enrolled cases and surgically proved ones as the authors pointed out. 2. The authors should evaluate the efficacy of EUS-TTNB in terms of the amount of biopsied materials such as the number or length of tissues etc.

INITIAL REVIEW OF THE MANUSCRIPT

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BPG Search:

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- ☐ Plagiarism
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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 47248

Title: Endoscopic ultrasound-through-the-needle biopsy in pancreatic cystic lesions: A large single center experience

Reviewer's code: 01800530

Position: Editorial Board

Academic degree: DSc, FRCP (C), MD

Professional title: Doctor

Reviewer's country: India

Author's country: United States

Reviewer chosen by: Jia-Ping Yan

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Reviewer performed review: 2019-05-08 13:56

Review time: 19 Days and 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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I congratulate author for reporting their experience about TTNB in PCL on large scale from single centre. Technical success was 100% (even though 4 uncinat lesion were there), which is really impressive. There is nothing new about the study. This study is not adding anything extra into current knowledge about the TTNB in PCL.

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BPG Search:

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- ☐ Plagiarism
- ☐ No