

## ANSWERING REVIEWERS

October 7, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (5090-reviewed.doc).

Title: The role of Endoscopic Ultrasound in diagnosis of pancreatic cancer

Author: Gonzalo-Marin Juana, Vila Juan Jose, Perez-Miranda Manuel

Name of Journal: *World Journal of Gastrointestinal Oncology*

ESPS Manuscript NO: 5090

The manuscript has been improved according to the suggestions of editor and reviewers:

1. Dear editor, the english language editing has been completed and now reviewed by a native speaker who does not work in any editing company.
2. A running title has been included in the article.
3. Revision has been made according to the suggestions of the reviewers

Reviewer 1: An abstract and keywords have been added.

Reviewer 2: The title has been changed and the introduction section has been modified according to the reviewer suggestion.

Reviewer 3: The following corrections have been completed:

a) Language needs to be improved and on occasion the meaning of some paragraphs was obscured by the below par english.

The English spelling and drafting has been corrected.

b) Page 2 Para 1 "Although the sensitivity for tumour detection is high, it is also important to note that it has a very high negative predictive value (NPV)<sup>11,12</sup>. This is quite important for the clinicians because it means that EUS can reliably exclude pancreatic cancer " This is a sweeping statement that needs to be tempered. The evidence comes from one study only and the statement is at odds with the findings of the next reference (Ref 13).

An explanation has been added following the previous sentence.

c) Page 2 Para 2. Other tumour conditions may also affect the accuracy of EUS staging<sup>14</sup> such as peritumoral inflammatory changes and attenuation of ultrasound beam in large tumours. For this reason tumours smaller than 3 cm in size are more accurately staged with EUS. These sentences would be better placed „role in staging“.

The sentences have been changed to role in staging according to the reviewer comment.

d) Page 4 Para 1 „Combined 18FDG-PET/CT image fusion was examined in 2 studies...“ This part of the review is very selective as there are a number of studies that have looked at pancreatic cancer and PET-CT. In my opinion either this whole section needs expanding to include comparative efficacy of PET-CT to EUS or more appropriately deleted as it does not add much to the review.

The referenced part has been deleted

e) Same page para 4 Another technical aspect regarding FNA is the suction power applied through the needle. Syringe suction increase the bloodiness of the sample, which dilutes diagnostic cells and hinders adequate cytological analysis. Some tricks for avoiding bloodiness of the sample are using lower suction (5 ml)<sup>34</sup> and avoiding suction in soft lesions (lymph nodes, necrotic and cystic/solid masses). This becomes too technical; I would suggest the remit of the review should not stray in such depth with the technical aspects of the equipment etc...and should be removed.

This part has been also removed.

f) Page 5 para 1 There is consensus opinion that on-site cytopathology..... Not sure if „consensus“ is a correct word as there is no International guidance. I would reword saying „On-site cytopathology for some investigators is deemed as a superior standard of care with the provision of opportunity for real time interpretation etc.....“

The word “consensus” has been changed.

g) Same page at the end „...lesions suspicious of mucinous nature is contraindicated in Japan“ This sounds very drastic! Are there any consensus guidelines to be referenced?

Although not by means of consensus guidelines but of general recommendations, FNA in body or tail pancreatic cancer is not recommended in Japan, the text has been changed avoiding to state “contraindicated”.

h) Page 9 1st para „...CT because its low cost and high availability and MRI for preoperative assessment of pancreatic cancer with an accuracy of 86% vs 71%<sup>76</sup> ....“ Please review statement and reference accordingly. The provided reference 76 does not compare MRI.

The reference has been reviewed and changed.

i) Same page and para „...comparison with both CT and MRI<sup>82</sup> so that patients are not ruling out a potentially beneficial resection...“ Please expand with more data from this reference and a more in depth description of the findings.

The requested information has been added.

j) Page 11 „Biliary drainage EUS-guided biliary drainage (ESCP) .... Please use correct terminology through this headed section: ESCP stands for EUS guided cholangio pancreatography which allows EUS guided biliary drainage EUS-BD... amend accordingly where necessary

The acronyms have been differentiated.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Oncology*

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'J. Vila', with a horizontal line underneath.

Juan J. Vila, MD

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