

## Format for ANSWERING REVIEWERS

November 16, 2019



Dear Editor:

Please find enclosed the edited manuscript in Word format (file name: 52069 main document).

**Title: Can the wet suction technique change the efficacy of EUS-FNA for diagnosing autoimmune pancreatitis type 1? A prospective single-arm study**

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**Name of Journal:** *World Journal of Clinical Cases*

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

1 The format has been updated

2 Revisions have been made according to the suggestions of the reviewers

**Reviewer 1:** *This prospective study presents good results in a small number of patients. The trial was not randomised, and the historical cohort represents the biggest weak point of this study. The WET suction represents a new EUS puncture technique that is worth further investigation in a bigger number of patients. Although the paper was revised for language editing from a professional language editing service, I found uncommon words in the text. Nevertheless, the message is clear and the results and past and current literature are good discussed and such study place the groundknowledge for further investigations. The study has to be confirmed with a RCT with the same needle size. Just one question: how many ml of Saline are injected , after the stylet is removed? 10 ml? 5 ml?*

Response: Thank you for this comment. We hope that future randomized controlled trials will be performed as well. The amount of saline was not determined. We injected saline until the needle was filled (Lines 169-170).

**Reviewer 2:** *Dear Editor, thanks for imitating me to review this article entitled "Can the wet suction technique change the efficacy of EUS-FNA for diagnosing autoimmune pancreatitis type 1? A prospective single-arm study". This study aims to compare a novel "wet suction" technique (WEST) with the conventional FNA technique (CFNAT) of EUS-guided FNA using FNA needle or EUS-TCB in diagnosing autoimmune pancreatitis. The Authors concluded that the histopathological accuracy by WEST EUS-FNA was statistically superior to that by the standard EUS-FNA method or EUS-TCB. The paper is quite well written, and the Authors admit the limitations of the study (sample size in a single institution and historical controls used as a control*

group) I have only small remarks and questions:

*Comment 1: Please, explain what is "lymphocyte fibrillation" (introduction, line 3)*

Response: I'm sorry for our mistake. We have corrected this sentence (Lines 110-111).

*Comment 2: The following sentence in material and methods "This study was a single-arm prospective study intended to clarify the efficacy of WEST EUS-FNA for diagnosing type 1 AIP" should be anticipated at the end of the introduction as "The aim of our study is to clarify..."*

Response: Thank you for the valuable comment. I moved this sentence to the end of the introduction (Lines 134-135).

*Comment 3: The following sentence: "according to the methods in a previous report by Attam et al." Probably should be better "according to the methods described in a previous report by Attam et al."*

Response: We are sorry for the language mistake. I revised the sentence according to your advice (Line 168).

*Comment 4: Please specify if in this study, a cross-check and grading by a second cytopathologist was used. If a cross-check by a second cytopathologist was not used, please shortly comment on this lack as a possible further limitation of the study.*

Response: Thank you for this comment. All pathological diagnoses were performed by more than two pathologists (Line 203).

**Reviewer 3:** *The manuscript by Sugimoto and colleagues represent a valid contribution to the important question how to obtain the best possible biopsy from the pancreas via EUS for the diagnosis of pancreatic pathology, especially autoimmune pancreatitis (AIP). The study can be determined as a pilot due to the small number of patients (n = 11) in the experimental arm. Furthermore, controls were historical.*

*Comment1: This may be due to the fact that the WEST method is virtually the standard these days? During which time period were the control group (DRY) samples taken?*

Response: Thank you for this comment. I added a description of the period during which the DRY group samples were taken (Lines 150-152).

*Comment2: The results as they are presented are clear. Nevertheless, there are some problems that need to be addressed prior to publication in any journal. 1) Why was AIP type 2 excluded? Because the serum IgG4 served as a diagnostic criterium for confirmed AIP according to ICDC? Were patients operated to see the sensitivity and specificity of the method?*

Response: Thank you for the valuable comment. In Japan, there were almost no AIP type 2 patients. In fact, no AIP type 2 patients visited our hospital during this study period. Therefore, AIP type 2 patients were not intentionally excluded.

*Comment 3: 2) Controls - were they at least age & sex matched? Wer they matched according to the kind (make) of the biopsy needle?*

Response: The subjects were matched according to the biopsy needle size and the number of needle

punctures (Lines 155-156). Patient sex did not influence pathological results. In addition, the data of patients in the WEST group were collected prospectively. Finally, the patients in the WEST group underwent fewer matched analyses according to age and sex. For these reasons, analyses considering age and sex matching were difficult.

*Comment 4: 3) Were all biopsies taken from the same area within the pancreas, e.g. transgastric approach and/or transduodenal approach?*

Response: No, they were not. In patients with focal pancreatic swelling, samples were obtained from the swollen tissue. In patients with diffuse pancreatic swelling, samples were obtained at the point farthest from the puncture. If the target was the pancreatic head, transduodenal puncture was performed. On the other hand, if the target was the pancreatic body or tail, the transgastric approach was performed. I added these descriptions in the material and methods section (Lines 176-180).

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

Sincerely,  
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