PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 54964

Title: Endosonographic diagnosis of advanced neoplasia in intraductal papillary mucinous neoplasms

Reviewer's code: 03262781

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2020-03-04

Reviewer chosen by: Jie Wang

Reviewer accepted review: 2020-03-13 12:36

Reviewer performed review: 2020-03-13 14:11

Review time: 1 Hour

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In this mini-review, the Authors provide a summary of novel tools and methodology for risk stratification in IPMN. The manuscript is concise and well-written and provides a concise and simple update on the topic, useful for the readers. I have some minor suggestions: - In the MFB discussion, you should cite 2 important points: the interobserver agreement among pathologist that has been investigated in a recent study to be substantial (Larghi a, et al. Interobserver agreement among expert pathologists on through-the-needle microforceps biopsy samples for evaluation of pancreatic cystic lesions. Gastrointest Endosc. 2019 Nov;90(5):784-792.e4), and the possibility of IPMN subtyping according to mucins expression on microforceps specimens (reported to be feasible in Kovacevic et al. A novel endoscopic ultrasound-guided through-the-needle microbiopsy procedure improves diagnosis of pancreatic cystic lesions. Endoscopy. 2018 Nov;50(11):1105-1111) that raises the potential implementation of microforceps contribution for IPMN risk stratification. - When you state "This method solves the problems of low cellular cystic fluid acquisition by instead sampling tissue from the epithelium lining the cyst wall, as well as tissue beyond the epithelium[25, 26]" you should cite also two papers reporting the importance of stroma retrieving (Crino SF, et al. Beyond Pancreatic Cyst Epithelium: Evidence of Ovarian-Like Stroma in EUS-Guided Through-the-Needle Micro-Forceps Biopsy Specimens. Am J Gastroenterol. 2018;113(7):1059–1060 and Barresi L, et al. Mucinous cystic neoplasia with denuded epithelium: EUS through-the-needle biopsy diagnosis. Gastrointest Endosc. 2018;88(4):771–774)

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 54964

Title: Endosonographic diagnosis of advanced neoplasia in intraductal papillary mucinous neoplasms

Reviewer's code: 02542351

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Mexico

Author's Country/Territory: United States

Manuscript submission date: 2020-03-04

Reviewer chosen by: Jie Wang

Reviewer accepted review: 2020-03-17 17:03

Reviewer performed review: 2020-03-24 16:06

Review time: 6 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

THE MANUSCIRPT BY EITERMAN ET AL   is a nicely written review that summarizes the current status of EUS diagnostic capablilities and limitation of advanced neoplasia in IPMN.   It addresses key points, highlight benefits and limitations of current techniques that lead to the suggestion and support to more studies. It is my impression that could be published in the journal.