

Response to Reviewers

Reviewer #1: THE MANUSCRIPT BY EITERMAN ET AL is a nicely written review that summarizes the current status of EUS diagnostic capabilities 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.

Response: We appreciate the reviewer's comments regarding the manuscript.

Reviewer #2: 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.

Response:

We have made these changes and appreciate the input.

- 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)

Response:

We have made these changes and appreciate the input.

Thank you for your time and effort reading and suggesting revisions to our article.

Editorial office comments

“Please re-provide the original figure documents. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes; For line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes; Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.”

Response:

We have made these changes and appreciate the input. The editable image is in powerpoint. The image used for the word document is the noneditable version of the powerpoint image and can be replaced after reprocessing by the editor.

Additional Changes:

1. Verified formatting and reviewed text for spelling. Made minor changes to special characters (ex: italicized words like vs, via, etc.)
2. Citations were again verified to be in the correct format and 1 duplicate citation was removed.
3. Added two sentences in the abstract to further develop it.
4. Shortened title and added running title to comply with manuscript guidelines.

Thank you again for your assistance and time.

Sincerely,

Andrew Eiterman, MD

The Ohio State University Wexner Medical Center