

**Professor Subrata Ghosh, AGAF, FCAHS, FRCP (C), FRCPC, FRCPE, MD**

**Professor Andrzej S Tarnawski, DSc, MD, PhD**

Co-Editors-in-Chief

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Dear Dr. Ghosh,

Dear Dr. Tarnawski,

In response to comments of 08.08.2020 made in the peer-review report please see below:

1. Regarding your comment about cystic lesions, kindly note that our study was designed to include not only pancreatic solid lesions as well as cystic lesions with solid tissue, eligible for EUS-guided FNB. Cystic lesions without solid tissue are mentioned more clearly in our exclusion criteria in the “patients and data collection” section. (please see on page 6 of manuscript file)
2. The technical success (as defined by study needle into target lesion) was decreased at 36 out of 40 cases (90%). In the other four cases the study needle did not obviously enter the targeted lesion. (please see on page 9 of manuscript file)
3. After consultation with our cytopathologist there was no clinical important blood admixtures in our specimens. The obtained material was treated like a biopsy specimen, completely embedded in paraffin and cut, so a histological analysis on heamatoxylin-eosin stained sections was possible and if necessary, further special stainings were performed. No cell block technique was performed. (please see on page 7 of manuscript file)
4. In four out of six missed cases the correct diagnosis was confirmed by surgical resection. In another one was confirmed by follow-up interval imaging because the patient used best supportive care measures. The last one was confirmed by follow-up interval imaging and an interval EUS-guided FNB once again. (please see on page 9 of manuscript file)
5. We agree with you, that with a diagnostic accuracy of 85%, it is difficult to negate the need of ROSE and we consider, that further prospective studies with a standardised protocol of a predetermined low number of needle passes are required to draw a conclusion about the need of ROSE. (please see 1<sup>st</sup> paragraph on page 12 of manuscript file)

Furthermore, we uploaded as requested the Clinical Trial Registration Statement. We prepared also the original figures using PowerPoint and wrote the “article highlights” section. Finally, we numbered the references as requested in Arabic numerals according to the citation order in the text and superscripted the reference numbers in square brackets at the end of the sentence with the citation content or after the cited author’s name.

Should you have further questions I remain gladly at your disposal.

Sincerely,

Dr. Petros Stathopoulos

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and Clinical Infectiology

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