

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 63884

Title: Needle-based confocal endomicroscopy in the discrimination of mucinous from non-mucinous pancreatic cystic lesions

Reviewer's code: 02462470

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: Italy

Manuscript submission date: 2021-02-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-15 11:53

Reviewer performed review: 2021-04-15 12:45

Review time: 1 Hour

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 Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

Please see the detailed review here: Introduction - This sentence is not clear - . Although, both cytology and CEA intracystic fluid dosage are not perfect tools, the first with high specificity but low sensitivity, and the second with an accuracy of 54% Methodology - Authors state - undetermined PCLs were enrolled. However to reach reference diagnosis - a final diagnosis was reached in 36 (64%) patients by imaging and multidisciplinary team review. This is a major issue with methodology. How many EUS-specialists performed the procedure. What was the experience of endosonographers in EUS-nCLE (per endosonographer). It is known from prior literature that the rate of acute pancreatitis and adverse events is higher during the first few cases of EUS-nCLE. In a current ongoing multi center US study, the EUS-MDs are required to perform at least 10 EUS-nCLE cases independently prior to enrolling any single patient. Experience in EUS alone doesn't mean expertise in EUS-nCLE. EUS-nCLE has two critical aspects - safely and effectively performing nCLE and real time image interpretation or real time high quality image acquisition. The authors need to show the data used for: 1. Interobserver agreement in reaching a final diagnosis for each case. What criteria was used to reach a final diagnosis in 36 patients. 2. Interobserver agreement in reaching nCLE diagnosis. Was there a kappa value with 95% confidence interval. Questions regarding adverse events: Can the authors specify the cyst types that resulted in acute pancreatitis/other adverse events. In results the authors state that acute pancreatitis was moderate-severe. However, in discussion they say - The cases of pancreatitis were mild and none of the pancreatitis evolved to walled-off necrosis. We need more clarity in terms of severity. How was post EUS bleeding defined. What was classified as significant bleeding? Generally there should be intracystic bleeding but this is not clinically significant and is not necessarily an adverse event. The authors should



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perhaps list post EUS-nCLE pancreatitis as a separate line in the abstract. This is the most significant complication to consider.

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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 63884

Title: Needle-based confocal endomicroscopy in the discrimination of mucinous from non-mucinous pancreatic cystic lesions

Reviewer's code: 04163041

Position: Editorial Board

Academic degree: FACS, MBBS, MNAMS

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Italy

Manuscript submission date: 2021-02-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-18 11:42

Reviewer performed review: 2021-04-22 18:06

Review time: 4 Days and 6 Hours

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

SPECIFIC COMMENTS TO AUTHORS

As the data analysed is heterogenous and not many RCTs are included in this study, the authors may add the limitations of this study, to the conclusion itself. Also the authors may indicate the need for further prospective studies and RCTs to evaluate the role of NAC (peri operative chemotherapy) for a more definitive conclusion. The paper mainly discuss the role of NAC but most of the studies discuss the role of peri operative chemotherapy. This may be clarified by the authors.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 63884

Title: Needle-based confocal endomicroscopy in the discrimination of mucinous from non-mucinous pancreatic cystic lesions

Reviewer's code: 03738819

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-02-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-15 11:29

Reviewer performed review: 2021-04-27 08:09

Review time: 11 Days and 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comments: This article demonstrates excellent performance of needle based confocal laser endomicroscopy (nCLE) in diagnosis of indeterminate pancreatic cystic lesions (PCLs). The authors' article caters to the current application of noninvasive diagnostic technology and has important prospective value in clinical practice. However, some major and minor revisions need to be handled before this study can be published. 1 Only 55 patients were included in this study. Such a small sample size seriously affects the reliability and applicability of the research results. It is suggested to increase several patients' samples. 2 To give better guidance to clinicians, try to discuss how to reduce the incidence of adverse events, such as acute pancreatitis , intracystic self-limiting bleeding and cyst infection, during the procedure of nCLE. 3 Some minor revisions in the contents have to be made. 3.1 A few mistakes in grammar need to be corrected. 3.1.1 Line 153, replace "bilio" with "biblio". 3.1.2 Line 198, replace "follow" with "followed". 3.2 Line 224, the full name of PD, pancreatic duct, should be written for the first time. 3.3 Line 252 and 303, the full name of WON and GLs respectively should be noted. 3.4 Line 70, add ", and" between "specificity" and "accuracy" 3.5 Line 310, add a title for the table.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 63884

Title: Needle-based confocal endomicroscopy in the discrimination of mucinous from non-mucinous pancreatic cystic lesions

Reviewer's code: 02462470

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: Italy

Manuscript submission date: 2021-02-23

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2021-07-19 11:49

Reviewer performed review: 2021-07-19 12:06

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In the abstract - please include only the rate of post procedure acute pancreatitis. If space allows overall adverse events can be listed separately. Also, as shown, overall adverse events can be listed in the main results section. The key issue is post-procedure acute pancreatitis which needs specific mention in the abstract.