

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 64602

**Title:** Endoscopic ultrasound (EUS) assessment and tissue acquisition of mediastinal and abdominal lymph nodes.

**Reviewer's code:** 05567331

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-02-21

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-02-21 08:59

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**Review time:** 11 Days

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 Grade E: Do not publish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



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#### **SPECIFIC COMMENTS TO AUTHORS**

1.I think CH-EUS enhancement pattern may include" non enhancement"; 2.CH-EUS is not often used in T staging of gastric tumors; 3.The use of EUS-E in differentiating pancreatic tumor and massforming pancreatitis is limited , However, CH-EUS is often used in our daily practice; 4.When we do EUS-FNA, 10-20ml syringe is often used. 5.Do you think wet suction should be included ?; 6. In the mediastinum and hepatic hilum region, the inflammatory LNs are often irregular strip or flake shaped without demarcation. 7.Color Doppler hilar vascularity , peripheral signals and spectral analysis are often used in US, but in EUS the use is limited due to small LNs and instrumental ability. 8.EUS-E is a good indicator, but not very stable and less specificity, so it still cannot reduce FNA. In my opinion, the detail from B mode is the most important. 9. Usually, there are multiple metastatic LNs and iflammatory LNs at different region in mediastinum, can not be shown in one image, how many times do you inject Sonovue to choose the suspectable LN? 10.I cannot find Reference 94.

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**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 64602

**Title:** Endoscopic ultrasound (EUS) assessment and tissue acquisition of mediastinal and abdominal lymph nodes.

**Reviewer's code:** 05835286

**Position:** Peer Reviewer

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**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

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<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

The differential diagnosis of benign and malignant lymph nodes is a problem we often encounter in clinical practice, which significantly impacts clinical decision-making. This review provides a detailed summary of the application of EUS in the differential diagnosis of benign and malignant lymph nodes. It is helpful for learners in this field to quickly understand comprehensive technical diagnosis knowledge. The author is excellent at writing. I hope the suggestions given below can help the author in his work.

1.Can the author add illustrations to illustrate the techniques mentioned in the text for beginners to understand. 2.Is there enough research to infer an optimal number of passes? Obviously, as the number of passes increases, more tissue is obtained, but we cannot increase the number of passes indefinitely. Moreover, the number of passes' requirements are often different in various diseases, so it is not very sensible to vaguely give the optimal number of passes. Uehara H, Sueyoshi H, Takada R, Fukutake N, Katayama K, Ashida R, Ioka T, Takenaka A, Nagata S, Tomita Y. Optimal number of needle passes in endoscopic ultrasound-guided fine needle aspiration for pancreatic lesions. *Pancreatology*. 2015 Jul-Aug;15(4):392-6. LeBlanc JK, Ciaccia D, Al-Assi MT, et al. Optimal number of EUS-guided fine needle passes needed to obtain a correct diagnosis. *Gastrointest Endosc*. 2004;59:475-481. 3.EUS-FNA false negatives are more common than false positives. This is the main challenge we face. It is recommended to focus on the discussion. 4.There is a writing error in Table 1 "irregular, sharp???"