

Dear Editors and reviewers, thanks for your great efforts in reviewing our manuscript, I hope that our point to point response will be appropriate and adequate, best regards.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you for having the opportunity to review the manuscript entitled “Cystic pancreatic lesions, the endless dilemma”. This is an interesting review, aimed at discussing the diagnosis of cystic pancreatic lesions and the pros and cons of the different diagnostic options. Nevertheless, I would like to point out some concerns:

- There is a high number of typos and format mistakes - Several studies have been cited in the text without appropriate references - Table 1 has been cited in the text in a way to let the reader assume that will be regarding Atlanta classification (also with the corresponding reference number 15) but then is a classification of all pancreatic cysts and linked to a different reference (number 23)

Answer: corrected and table 1 had became in right place.

- The Authors refer to EUS and FNA-EUS as a “challenge” and a “major concern”, it is not clear which challenge and major concern they are referring to and should be clarified.

Answer:Thanks to your comment. This paragraph was changed to:

The great benefits of EUS in detecting small lesions, making a differential diagnosis, and tumor staging provide a great challenge **as many benign and malignant cystic lesions and also inflammatory cysts have a similar endosonographic appearance.** Moreover, the evaluation of cyst fluid obtained by EUS-FNA for the early diagnosis or prediction of prognosis is a major concern **to increase the diagnostic accuracy for more proper management.**⁷

-The Authors state that EUS allows good visualization of the liver and plays a significant role in detecting small-sized liver metastasis and allows EUS-FNA sampling. This does not take into account the difficult access (or impossible) to detect and sample tissue from lesions located in the postero-superior segments

Answer: Thanks for your valuable comment. This sentence was added to the paragraph:

“This can be achieved in most liver segments except segment VII and VI which are very difficult to be visualized during EUS examination.”

-The section “Cystic lesions of the pancreas: types, diagnosis” could explained more clearly which cutoff values of which parameters assist in the differential diagnosis of the various cystic lesions. It would benefit from a table or a more structured text to help the readers.

Answer: this section was restructured and summarized to be more targeted. Also new columns were added to table 1 concerning the chemical parameters of pancreatic cyst fluid for easier understating by the readers.

- In the section “Imaging diagnosis of cystic lesions of the pancreas” the Authors mention the accuracy of CT and MRI in diagnosing pancreatic cysts, but do not report appropriate figures.

Answer: Appropriate figures were added (figures 5 and 6).

- In the paragraph “Endoscopic diagnosis of cystic lesions of the pancreas” the Authors present a list of diagnostic approaches as follows: “For the diagnosis of cystic lesions of the pancreas, 3 approaches have been described: Diagnosis by endoscopic ultrasound that involves morphology of the cyst during EUS, 1- EUS-guided fine needle aspiration (EUS-FNA), EUS-guided fine nCLE, through the needle biopsy (TTNB), and contrast-enhanced harmonic EUS (CH-EUS). 2- Endoscopic retrograde cholangiopancreatography (ERCP). 3- Single-operator cholangioscopy/pancreatoscopy.”. The sentence “Diagnosis by endoscopic ultrasound that involves morphology of the cyst during EUS” is not clear and is before the numbered list. The contrast-enhanced harmonic EUS (CH-EUS) has

been listed at the beginning of the section but does not appear to be discussed in the text and on the other hand, the “EUS-guided radiofrequency ablation” section has not been mentioned before in the list and seems to be out of place. The Authors state to aim to review the diagnostic approaches, if they want to mention the treatment options, it should be done way more extensively.

Answer: Thanks for your comment. The paragraphs under the title “Endoscopic diagnosis of cystic lesions of the pancreas” were restructured and re-arranged. A paragraph under the title of contrast EUS was added.

- The Authors cite twice a manuscript by Okasha et al, but is not clear what the Authors’ message is by citing this article just after saying that morphology at EUS is not sufficient to predict malignant potential of PCL and with no bibliographic reference (is one of the 4 self-citations). It seems to be cited twice in the text but with incongruous information from what stated in the section named “Cystic lesions of the pancreas: types, diagnosis”. Moreover, the sensitivity reported for cyst amylase level and defined as “low”, was over 80%. It results in contrasting and inaccurate information for the readers.

Answer: Thanks a lot for your imminent comment, however they are two separate papers that were cited at two different journals with different results and conclusions. There are no repeated data. Regarding the cyst amylase level the result is accurate and the paragraph is modified accordingly.

- The paragraph “An international, multi-institution survey of the use of EUS in the diagnosis of pancreatic cystic lesions” appears to be too long and repetitive. Data regarding CEA, Ca 19-9, ... should be summarized otherwise will result extremely difficult for the reader to get a clear and effective take home message

Answer: Thanks a lot for your imminent comment, although this paragraph seems to be long but it is informative in that point; instead of omitting it, we summarized this paragraph and highlighted the important messages in it to avoid any confusion to the readers.

- Figure 2 appears to be inappropriately reporting patient sensitive data

Answer: Thanks, the name of the patient was removed and the corrected figure was attached. The figures were cited in the manuscript, one un-needed figure was removed and another two figures were added according to the comments of the reviewers, so this figure became number 4 instead of 2.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors:

-With the improvement of imaging and endoscopic techniques incidental and asymptomatic or symptomatic cystic pancreatic lesions has been increased in daily practice. Radiological and imaging modalities has been discussed in this review. Please add an table including last randomized control studies. Also add an flow chart for readers to use in diagnosing process of pancreatic cystic lesions

Answer:Thanks for your comments. We added a table for the last randomized control studies and a simple flow chart in diagnosing process of pancreatic cystic lesions including the aim of the work and the conclusions (table 2).

5 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) *Science editor:* 1 Scientific quality: The manuscript describes a Frontier of the cystic pancreatic lesions, the endless dilemma. The topic is within the scope of the WJG. (1) Classification: Grade C and Grade C; (2) Summary of the Peer-Review Report: The review is interesting. Some sentences need to be rephrased. Table need to be added. The questions raised by the reviewers should be answered; (3) Format: There is 1 table and 5 figures; (4) References: A total of 107 references are cited, including 25 references published in the last 3 years; (5) Self-cited references: There are 4 self-cited references; and (6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade A and Grade B. A language editing certificate issued by Papercheck was provided. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (3) If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and

correctly indicating the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. 6 Recommendation: Conditional acceptance.

(2) Editorial office director:

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Answer: Thanks for your valuable comment. All recommended changes are done.