ANSWERING REVIEWERS

SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and make point-by-point responses to each of the issues raised in the peer-review report(s), which are listed below:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: 1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes, the abstract effectively describes the article. 3 Key words. Do the key words reflect the focus of the manuscript? The terminology used in the appropriate. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? The description of the study and the importance have a wording according to the objective of the study. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes, the description is organized and governed by the requirements of the magazine. Describe in an organized way how the study was carried out. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? The results obtained make it possible to demonstrate the effectiveness of FNA versus FNB. It also contributes to comparing the use of EUS-FNA and EUS-FNB with and without ROSE, their differences in the role of obtaining adequate samples in patients with solid and non-solid lesions of the gastrointestinal tract. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? The discussion interprets the results sequentially. Suggests the elimination of the use of ROSE in the EUS-FNB. Describes the limitations in the use of EUS-FNA. In addition to the better performance of cell blocks with the use of FNB; This is similar to some successful ultrasound-guided sampling studies 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? The tables should describe that the size of the lesions is in millimeters. They complement the text 9 Biostatistics. Does the manuscript meet the

requirements of biostatistics?. Yes 10 Units. Does the manuscript meet the requirements of use of SI units? Yes. Uses familiar and easy-to-understand international terminology 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? References cited with complete and current. It mentions the results obtained in meta-analyzes and other studies that compare the obtaining of tissue according to the size of the needle. The focus of the article is to investigate the use of core biopsy 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? The language of the manuscript is correct, orderly; the grammar is ordered and the number of words is adjusted to what is stipulated. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? It is right. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? N/A First, what are the original findings of this manuscript? What are the new hypotheses that this study proposed? What are the new phenomena that were found through experiments in this study? What are the hypotheses that were confirmed through experiments in this study? The study findings are original. They confirm what has been described in other studies and it is the first study to compare the use of FNA and FNB with and are ROSE in solid lesions. It does not propose any new hypothesis to those already commented on in other studies. They clarify that in many cases it was not possible to obtain additional samples Second, what are the quality and importance of this manuscript? What are the new findings of this study? What are the new concepts that this study proposes? What are the new methods that this study proposed? Do the conclusions appropriately summarize the data that this study provided? What are the unique insights that this study presented? What are the key problems in this field that this study has solved? The quality of the manuscript is high. It emphasizes the importance that it is possible to eliminate the performance of ROSE in the samples obtained, if we have core needles. The conclusions are adequate and in accordance with the proposed objectives. It would be very interesting to know if the biospies obtained were sufficient or insufficient for neoplasic pathology of solid lesions; however this is not the objective of the study. The referenced articles are current and take into account the main references. The present study has an important sample of patients and confirms that core needles have better results, and surely in the future, other studies also mention it. Third, what are the limitations of the study and its findings? What are the future directions of the topic described in this manuscript? What are the

questions/issues that remain to be solved? What are the questions that this study prompts for the authors to do next? How might this publication impact basic science and/or clinical practice? The only limitation of the study is its retrospective nature, however it defines concepts for a future randomized prospective study. It has a good impact on clinical practice.

Answer: Thank you for your comments and suggestions. We did include millimeters in the table following your suggestion in revised manuscript.

Reviewer #2:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: Title and running title: accurately reflects the topic and contents of the paper. Abstract: is appropriate, structured, 276 words. Key words: 6 key words, precisely define the content of the paper. Core tip: 68 words, appropriate. Introduction: 458 words, the reader is acquainted with known facts about EUS guided procedures (FNA) for obtaining tissue samples and their limitations. Newer FNB needles may improve diagnostic yield and may potentially obviate the need for ROSE (rapid-on-site evaluation). The purpose of the study was to compare these two methods in a large multi-center study. Methodology: 963 words, the description of the methodology is carefully written, the section is divided into subsections. The advanced statistic metods used are appropriate. Results: 626 words, the description of the results is updated with 4 tables (baseline information of the patients, summary of diagnostic results, comparison between methods with and without ROSE, statistical snalyses between methods with and without ROSE). Discussion: 1315 words, the discussion presents studies published in the past, which touch this topic of interventional endoscopy. The authors highlight the fact that this manuscript(study is the first to compare FNA and FNB with and without ROSE in solid lesions. They also recognize some limitations of the study: a retrospective nature of the study with limitations expected with such a design, including potential selection bias, lack of randomization, loss-to-follow-up, and potential for cofounders. In the last paragraph, they conclude, that EUS-FNB is superior to EUS-FNA in the diagnosis of solid lesions and allows more cell-block evaluation, with similar number of passes required to achieve an adequate sample. References: 31 references, from Gastrointest Endosc 2002 – Endosc Int Open 2020. Funding: none. Ethics of the study: the study was approved by the Research Ethics Committee from Partners Human Research (Protocol no. 2003P001665). Written informed consent was obtained from all patients. Conflict of intersts: two authors, MR and CCT report conflict of interests. Opinion of the reviewer Interesting manuscript, with plenty of data, suitable for publication.

Answer: Thank you for your comments.

LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

Answer: The study was revised by three English native speakers from Harvard Medical School with huge experience in advanced endoscopy.

ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

Answer: Thank you for your suggestions. We made all the requested modifications in the revised manuscript.

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 Retrospective Study of the Endoscopic Ultrasound Fine Needle Aspiration versus Fine Needle Biopsy. The topic is within the scope of the WJCC. (1) Classification: Grade B and Grade B; (2) Summary of the Peer-Review Report: The article is an interesting, multicenter, retrospective study. It would be very interesting to know if the biospies obtained were sufficient or insufficient for neoplasic pathology of solid lesions. The questions raised by the reviewers should be answered; (3) Format: There are 4 tables; (4) References: A total of 31 references are cited, including 9 references published in the last 3 years; (5) Self-cited references: There are 6 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; 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. The manuscript is reviewed by a native English speaker. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form, and Written informed consent. 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 WJCC. 5 Issues raised: (1) The "Article Highlights" section is missing. Please

add the "Article Highlights" section at the end of the main text; (2) For references from English-language journals with PMID and DOI numbers, website are not required; (3) To obey the publication ethics and improve the protection of all patients' rights to privacy, the authors should provide the informed consent form on which the patient's name, address, birthday, address, ward, bed number, hospital number and other private information are obfuscated. 6 Recommendation: Conditional acceptance.

Answer: Thank you for your suggestions. We made all the requested modifications in the revised manuscript.

- We did delete 3 self-citation as requested (number 5,7 and 14).

- We did include the article highlights section.

- We did delete the website of the references from English language journals with PMID and DOI numbers.

- We did provide the informed patient consente without patients data as requested.

(2) ***Company editor-in-chief:*** I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, 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.

Answer: Thank you for comments. We did perform the revision following reviewers and editorial board suggestions as you can see in the revised manuscript file.