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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70647

Title: Endoscopic ultrasound radiofrequency ablation of pancreatic insulinoma in elderly patients: Three case reports

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05548747
Position: Peer Reviewer
Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2021-08-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-29 07:56

Reviewer performed review: 2021-09-06 02:10

Review time: 7 Days and 18 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is case series study of EUS-RFA. This is a very interesting subject for an endosonographer, and I have a number of queries for the authors. 1) Case1 and case3 have not been histologically diagnosed. Please describe the reason. 2) Describe the cauterization range in the EUS-RFA settings described in Materials and methods. If there are any results from animal experiments, please describe them. 3) Insert an arrow into the lesion in Figure.4.

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Title: Endoscopic ultrasound radiofrequency ablation of pancreatic insulinoma in elderly patients: Three case reports

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

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: 2021-08-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-29 13:30

Reviewer performed review: 2021-09-07 18:28

Review time: 9 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The optional end points namely procedural success, optimum result and complications make EUS guided RFA a successful modality in management of pancreatic insulinoma and the authors concur with the published reports. In this case report the authors describe EUS Guided RFA not as an alternative to "surgery" which is the Gold standard, but as modality in those who are unfit for surgery, find good results in a small number of patients and conclude that it is an alternate to surgery in those elderly patients. EUS guided RFA is described as "local treatment" by the authors, loco regional may be more appropriate In the discussion the authors indicate that EUS guided RFA described in the literatures are "not standardized", though same settings that is used in the cited references were used by the authors. All 3 patients are considered as high risk patients but co morbidities like DM , SHT are indicated. It is quoted that there was immediate clinical success after the procedure but what symptoms were alleviated is not described nor there is a periprocedure blood glucose mapping to indicate the response to treatment. Is neuro glycopenic symptoms consistant or episodic in insulinoma? Role of plasma insulin, C peptide and proinsulin levels in diagnosis, treatment evaluation and follow up are not alluded to. No standardized follow up protocols, like specific time frame for follow up imaging/ are indicated in the study. The bleeding in the II case, if from gastro duodenal artery, was managed by endoscopic clipping rather than embolization is not explained in detail. Though the lesion was in contact with main pancreatic duct in the 2nd case, the role of pancreatic stent in prevention of post procedure complications is not discussed by the authors. If description is added, the video will be more useful.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70647

Title: Endoscopic ultrasound radiofrequency ablation of pancreatic insulinoma in elderly patients: Three case reports

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

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: 2021-08-12

Reviewer chosen by: Jing-Jie Wang (Online Science Editor)

Reviewer accepted review: 2021-10-20 16:43

Reviewer performed review: 2021-10-22 17:49

Review time: 2 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The following statements need clarification from the authors. 1. The authors claim "immediate" clinical success with syndrome relief. There is no pre-operative and post operative biochemical data to support this claim.In the history of present illness the article says that patients 1 and 3 had repeated syncopal or hypoglycemic episodes (Frequency not given) and patient 2 had only two episodes. If that is the case the claim that symptoms disappeared immediately after surgery is untenable. The article also has contradicting statement in the laboratory examinations heading: where it is stated that all patients had consistent and constant neuro glycopenic symptoms. 2. The revision says that these patients were subjected to repeat CECT scan 24 to 72 hours after EUS treatment, to assess presence of necrosis at treatment site even after the so called immediate clinical success. This information could have been achieved with US itself non-invasively. The CECT has not changed the management protocol in these patients even in the patient with CKD. 3. It may be beyond the scope of this case series to quote that most of the published reports do not provide specific and standardized EUS ablation settings. 4. So also the statement "pancreatic surgery is associated with high morbidity and mortality" may not hold water.