



July 27, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11969-edited.doc).

**Title:** Practice patterns in FNA technique: a survey analysis

**Authors:** Christopher J. DiMaio, Jonathan M. Buscaglia, Seth A. Gross, Harry R. Aslanian, Adam J. Goodman, Sammy Ho, Michelle K. Kim, Shireen Pais, Felice Schnoll-Sussman, Amrita Sethi, Uzma D. Siddiqui, David H. Robbins, Douglas G. Adler, Satish Nagula

**Name of Journal:** World Journal of Gastrointestinal Endoscopy

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The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewers
  - (1) Typographical errors have been corrected.
  - (2) In the discussion section, we have added further explanation regarding methodology used in identifying eligible study subjects, and the limitations inherent in utilizing this method. Typographical errors have been corrected.
  - (3) Abbreviations have been explained. In the discussion section, we have added further explanation regarding methodology used in identifying eligible study subjects, and the limitations inherent in utilizing this method. In regards to our statistical analysis using only univariate analysis, we do understand the reviewers concerns. However, this study was designed to gain a general view or snapshot of practice patterns of endosonographers from a wide range of practice environments. Understanding that different clinical situations (i.e. tumor size, site, etc) may alter practice patterns, we were interested in one particular aspect (i.e. lesion type), and what type/size needle they would generally use. In regards to comment #4, in the results section, under "practice environment", the following statement is made: "If the final cytology assessment was deemed non-diagnostic, academic-based physicians were more likely to repeat EUS-FNA and use a core biopsy needle, compared to community-based practitioners (66.7% vs 40.2%,  $p = 0.00012$ ). For the remainder of the questions, there was no statistically significant

difference among the responses.” The underlined statement does in fact support our claim that that there was no difference in the utilization of ROSE between academic providers and community practice providers. In regards to comment #5, this line has been edited in the text to better reflect the point that perhaps prospective studies can look to these results as a way of identifying “preferred” techniques (rather than a true standard technique).

3. References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely,

*Christopher J. DiMaio, M.D.*

Christopher J. DiMaio, M.D.  
Director of Therapeutic Endoscopy  
Assistant Professor of Medicine  
Dr. Henry D. Janowitz Division of Gastroenterology  
Icahn School of Medicine at Mount Sinai  
One Gustave L. Levy Place, Box 1069  
New York, NY 10029  
Tel: +1-212-241-7535  
Fax: +1-212-241-2276  
Email: [Christopher.DiMaio@mssm.edu](mailto:Christopher.DiMaio@mssm.edu)