November 23, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13555-review.doc).

Title: Computed tomography-guided percutaneous core needle biopsy in the diagnosis of pancreatic tumors.

Author: Chiang J Tyng, Maria Fernanda A Almeida, Paula N V Barbosa, Almir G V Bitencourt, José Augusto A G Berg, Macello S Maciel, Felipe J F Coimbra, Marcos D Guimarães, Charles E Zurstrassen, Rubens Chojniak.

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13555

The manuscript has been improved:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewers, as follows:

(REVIEWER 1)

The authors described the usefulness of CT-guided needle biopsy for diagnosing pancreatic tumors. As the article is well written with sufficient sample size and acceptable procedure / results, it deserves to be published in WJGE. I have some recommendation that this paper should be accepted with minor revisions.

#1 As commented by the authors, oncologically, the most worrisome complication in needle biopsy procedure is tumor seeding. Were there any suspicious cases with tumor seeding accompanied by CT-guided needle biopsy in the case series? Even if there was no such case, it should be descripted in the results section.

There were no suspicious cases of tumor seeding in this case series. It was described in the results section.

#2 The authors stressed that tissue samples obtained by CNB is more appropriate for histological examination than those of FNA. To demonstrate this issue visually, pictures of biopsied specimen should be added in the Figures

A picture of biopsied specimen was included in the Figures.

(REVIEWER 2)

The authors give a report about CT-guided percutaneous core-needle biopsies of pancreatic lesions. This procedure seems to be safe and should widely used in the clinical for diagnosis of pancreatic cancer. In general the method is valuable for confirm pancreatic cancer along with pathological testing. So authors should provide pathological and molecular figures for the novelty of the manuscript,such as kras mutation. Most references are old and recent five year references should be included.

A picture of pathological and molecular specimens was included in the Figures.

New references were included.

(REVIEWER 3)

This study retrospectively evaluated CT-guided percutaneous biopsies for solid pancreatic lesions in 103 patients. The work would be much more interesting when compared with the ecoendoscopy with biopsy of solid pancreatic lesions in that time period (january 2012 and september 2013).

- Describe whether the complications were related to the type of needle used.

There was no relation of complications rate and the type of needle size, but almost all procedures were performed with the same needle (18G). It was included in the results and discussion sections.

- Describe the evolution of complications.

All complications resolved spontaneously without requiring treatment. It was included in the results section.

- What changes in laboratory refers test findigs? Does the analytical was performed on all patients after puncture?

This patient had an asymptomatic transient elevation of serum lipase and amylase after biopsy (asymptomatic pancreatitis). The exams returned to normal levels after 2 days without any treatment. This analysis was not performed routinely in every patient. In this particular case, the patient was admitted in the hospital after the biopsy to perform a percutaneous biliary drainage and the laboratory tests were performed.

- Add in methods references to the hydrodissection and pneumodissection

References were included.

- Add the feature of the 7 patients who had previously made Ecoendoscopy.

The 7 patients had large pancreatic masses (6 in the head of the pancreas and 1 in the body/tail) and ecoendoscopy-guided FNA was negative for malignancy. All cases were confirmed as adenocarcinomas on the CT-guided biopsy. This was clarified on the results and discussion sections.

- Was there more than one puncture in any patient? Add this data.

As described in the results section, only two patients had inconclusive histological results on the biopsy. In one case the biopsy was repeated and confirmed the diagnosis of neuroendocrine tumor. On the other case, the patient had surgical resection of the lesion. In was better described in the text.

- In the discussion it is said that there Most studies Have Shown That This procedure has> 90% diagnostic accuracy for pancreatic lesions. Add a table with the author, year, number of patient characteristics. What difference does this work with previous studies?

The table was provided. There are only few papers using this procedure in the literature. This work was the first that described different techniques for CT-guided percutaneous biopsy of pancreatic

masses and showed a higher diagnostic accuracy when compared to previous studies.

- Not correct this sentence. Delete or modify "The advantages of CT-guided biopsy ecoendoscopy over ..."

It was modified in the text.

- Add in the number of methods by ecoendoscopy punctures in the same period of time in their hospital.

In our institution there was no ecoendoscopy during the study period. All patients who performed this procedure did at other institutions. It was clarified in the discussion section.

(REVIEWER 4)

This manuscript shows us a useful technique. It is safe and with high diagnostic accuracy. But there are still some problems.

1. Try to analysis the reason of complications, whether it related to the position of the tumor or the needle size.

Despite most procedures with complications involved lesions located in the head/uncinate process of the pancreas, there was no statistical significance. There was no relation of complications rate and needle size, but almost all procedures were performed with the same needle (18G). It was included in the discussion.

2. It better to have a table to show the Patients' characteristics and the p value.

Tables were included.

3. Whether this technique will cause any tumor seeding?

There were no suspicious cases of tumor seeding in this case series. This issue was addressed in the discussion section.

4. Why some procedures were not directly accessible?

In these cases, there was no direct access to the lesion because of interpositioning of abdominal structures along the needle's path, such as stomach, bowel, vessels, liver, kidney, spleen and others, as addressed in the methods and discussion sections.

Thank you again for considering to publish our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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