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Science editor Dr Fang-Fang Ji

Editorial Office - *World Journal of Clinical Cases*

Response Letter ESPS manuscript NO:41624

Dear Editor,

We are submitting our revised version of the manuscript (ESPS Manuscript NO. 41624) titled **“The assessment of endosonographers in training”** by Hedenström Per and Sadik Riadh for publication in *World Journal of Clinical Cases* as an invited Mini-review.

We would like to thank the Reviewers and Editors for the constructive comments upon our manuscript. We have carefully addressed these points and the manuscript text has been revised as presented in this new version we now re-submit for Your kind evaluation. All changes in the manuscript are highlighted by blue colored words. A detailed response to the reviewers is provided below (page 2).

We have also performed all recommended adjustments according to the Editor's instructions in the edited manuscript sent back to us via the F6Publishing-system. We have also enclosed all the required documents together with the submitted manuscript according to Your instructions.

We hope that that this revised version of the manuscript is now acceptable for publication in *World Journal of Clinical Cases*.

Sincerely Yours

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Detailed response to the reviewers of manuscript 41624:

Reviewer 1:

This manuscript of mini-review addressed the issue of clinical education in EUS with respect to the evaluation of endosonographers in training with the aim to give an informative overview of the topic.

- 1) It should be of great interest to the readers about the detail and the present status of EUS training world wide since the learning of EUS was suspected to be a tough one.*

Reply by the authors:

This comment by the reviewer is both interesting and relevant. However, to the best of our knowledge, there is very limited data available on the number centers providing trainee positions or fellowships in endosonography. Nevertheless, in line with this comment of the reviewer, we have added two sentences on the issue – one in the first part of the introduction (marked in blue) and one in the chapter Training in EUS (marked in blue) including a reference [10].

- 2) The author mentioned about significant variation in the study methodology, in the variables measured, and in the criteria for competence, when comparing the previous studies. These variations make the results of these studies difficult to compare in between. In my opinion, EUS assessment protocol should be classified into two levels: Basic level- diagnosis of lesions of esophagus, stomach and duodenum, may be with basic FNA. Advanced level- interventional procedure like difficult EUS-FNA, CPN, pseudocyst drainage, vascular intervention)*

Reply by the authors:

We are grateful for this comment by the reviewer and we completely agree that there is a true distinction between basic, diagnostic EUS and therapeutic maneuvers such as celiac plexus neurolysis, the drainage of pseudocysts, and rendez-vous procedures. However, to the best of our knowledge, there is almost no data available from larger studies on the learning process and learning curve considering therapeutic maneuvers. This circumstance make the review of the

assessment of therapeutic maneuvers very challenging and this is not the aim of the current manuscript.

We have added a sentence (marked in blue) in the last paragraph of the introduction that stresses that the global aim of this mini-review is to give an overview of the assessment of EUS-trainees learning basic and diagnostic EUS including EUS-FNA but not therapeutic EUS.

We have also added a sentence (marked in blue) in the discussion with about the same information, page 13-14.

In page 11 of the manuscript, subheading “Tools for the assessment of endosonographers in training”, we have added text (marked in blue) that underline that the focus of the manuscript is not the assessment of certain, organ-specific maneuvers but of a complete examination. To clarify, we have also added separate subheadings in page 11-12 (marked in blue).

Furthermore, we have added text (marked in blue) in Table 1 underlining that the figure only displays the results of basic EUS without FNA-sampling.

We believe that EUS-FNA is a necessary part of modern basic, diagnostic EUS. This is supported by the fact that almost in all procedures linear, and not radial, echoendoscopes are used. Therefore (like the reviewer admits to accept), we have continued to include EUS-FNA as a part of this manuscript.

3) About the content of Table 1: It is my opinion that this table is not easy for the readers' understanding. Is it possible to make some modification for the table to be more understandable?

Reply by the authors:

In line with the comment of the reviewer we have adjusted Table 1 including the alignment and the table legend (marked in blue). We hope that it is now better understandable and more clear to the readers of the paper.

Reviewer 2:

The authors presented a review on the topic of EUS training and learning curve. The author performed a very good job reviewing all the literature available on this topic and presenting it in a readable, understandable and convenient format. I think this manuscript represents a very useful guide both for all the mentors who want to assess their role while teaching EUS and for the trainees who want to assess their expertise.

Reply by the authors:

The reviewer has not put forward any questions or comments requiring a specific reply