Date 2019/6/22

To the Science Editor Fang-Fang Ji,

Thank you very much for your e-mail from May 7, 2019, with regard to our manuscript (Manuscript NO: 47362) along with the comments from the one reviewer.
We have revised our manuscript according to the reviewer's comments and comments from Word file whose name is 47362-edited.
I believe the revised manuscript has been improved satisfactorily and hope it will be accepted for publishing in the 'World Journal of Clinical Cases.'
Sincerely,

Kazuya Matsumoto, MD. PhD
Department of Internal Medicine
Irisawa Medical Clinic
e-mail addresses: matsumotokazuya@tottori-u.ac.jp

Reviewers: ＃1
The task you pointed out was that my manuscript wanted to meet the fundamental World Journal of Gastroenterology adoption criteria, so I gave up on World Journal of Gastroenterology submission and changed it to World Journal of Clinical Cases submission.

Reviewers: ＃2
Page 2, lines 49-57.
As you have pointed out, I have added the sentences as follows.
Endoscopic ultrasonography (EUS) is a widely accepted modality for detecting pancreatobiliary diseases and, for visualizing lesions more precisely than other imaging modalities. EUS has two different shaped scopes, radial and longitudinal. The radial EUS has a viewing angle of 360 degrees, so the positional relationship with surrounding organs can be easily understood. On the other hand, the longitudinal EUS has the advantage that the relationship between the lesion and the blood vessel can be easily grasped since the blood vessel running is easily matched with the axis of the scope and EUS-FNA can be carried out.

Reviewers: ＃3

Page 1, lines 13.
As you have pointed out, otorhinology have been changed to Otorhinolaryngology.

Page 1, lines 19-25.
As you have pointed out, I have changed the core tip as follows.
In the era of cyto-pathological diagnosis of various malignant diseases, endoscopic ultrasound-guided fine-needle aspiration cytology/biopsy (EUS-FNA) represents the most promising procedure for diagnosing various malignant diseases. However, no reports, up till now, have compared the utilities, faults, and technique of this procedure. In this review we have highlighted the recent topics and technical tips of EUS-FNA in the diagnostic process for various diseases, especially those which require tissue based diagnosis to determine treatment.

Page 1, lines 28-30.
As you have pointed out, I have changed the manuscript as follows.
In cases of difficult to reach lesions, where no histo-cytological tissue is obtainable, diagnosis has conventionally been determined using imaging techniques.

Page 3, lines 74-77.
As you have pointed out, I have changed the manuscript as follows.
Regarding post-puncture treatment, it has also been reported that the rapid on-site evaluation (ROSE) was useful in an investigation by meta-analysis [17]. In addition, EUS-FNA with combined ROSE and FNB have equivalent diagnostic powers [18], in which macroscopic on-site quality evaluation (MOSE) is useful [19]. In conjunction with the above, I have corrected the reference number of Page 9, lines 316-329.

Page 4, lines 131-133.
As you have pointed out, I have eliminated the following comment “is currently restricted to the field of clinical research and there is no consensus on its safety”.

Page 4, lines 141-144.
As you have pointed out, I have eliminated the following comment “In the actual practice of EUS-FNA, cases are sometimes encountered where there are significant respiratory fluctuations, or where it appears difficult to ensure the puncture route or collect tissue because of blood vessels or organs located close to the lesion.”.

Page 4, lines 144.
As you have pointed out, I have substituted the word “introduce” with “describe”.

Figure 5
As you have pointed out, I have stated location and diagnosis seen in the histological image as well as immunoreactivity with which antibody.