

Format for ANSWERING REVIEWERS

April 21, 2019



Dear Editor:

Please find enclosed the edited manuscript in Word format (file name: 47552-revised 2019.4.20).

Title: The present state of EUS-FNA for the diagnosis of autoimmune pancreatitis type 1

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Name of Journal: *World Journal of Meta-Analysis*

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

1 The format has been updated.

2 Revisions have been made according to the reviewers' suggestions.

Reviewer 1: *The present state of EUS-FNA for diagnosing autoimmune pancreatitis type 1* The article review the recent literature about the role of endoscopic ultrasonography-guided fine needle aspiration (EUS-FNA) for histological diagnosis of autoimmune pancreatitis (AIP) type 1, an uncommon IgG4-related disease. The title is appropriate and the abstract correctly summarize the work described in the manuscript. The Introduction section adequately describes the background, and the current role of EUS-FNA; instead methods and data analysis features are not described. The Author compare literature reports before and after the 2010 International Consensus Diagnostic Criteria (ICDC), and EUS-FNA performed through 22-gauge and 19-gauge. The review addresses a current issue regarding AIP type 1 histological diagnosis and the role of EUS-FNA. In consideration of the spread that this technique has had since 2010 the review may have relevance in clinical practice. I think it could be more interesting if the authors would also discuss the strengths of mentioned works, in particular the one: "EUS-FNA by special needles". The tables and figures included are representative and the paper is well written. **ACCEPTED with minor revisions**

Response: Thank you for this valuable comment. Material has been added to the methods section (lines 110-118).

Reviewer 2: *This submission is too brief and focused to be justified as a review. The cogent point that the newer needles employed for FNA can yield sufficient tissue to diagnose autoimmune pancreatitis is important. However, the challenges and dilemmas in the diagnosis of possible autoimmune pancreatitis are not described. This submission really only focuses on the issue of tissue acquisition. Therefore I would not*

recommend acceptance as a review. However it could be acceptable as a brief report or communication. Japanese Association of Pancreatography basically has 3 criteria for autoimmune pancreatitis including tissue diagnosis. Other criteria are less invasive and in particular include serum markers including IgG and IG4. There were also criteria in terms of imaging including endoscopic ultrasound. In my opinion, Weston endoscopists are reluctant to perform core aspirations of the pancreas even in the presence of disease. Noninvasive alternatives are often preferred including the above as well as ampullary biopsies with specific immune staining. Overall. The findings and parted by this submission are important. However again it is not justified as a review of the subject on diagnosis of autoimmune pancreatitis.

Response: Thank you for this insightful comment. I agree with your comment; however, the challenges and dilemmas in the diagnosis of possible AIP are not the main theme of this review. Although AIP cases associated with pancreatic cancer have been reported in rare cases, EUS-FNA is a safe and important method to noninvasively distinguish AIP from pancreatic cancer. I added this point to the manuscript (lines 104-106).

Reviewer 3: *good review.. multicenter trial section should be more detailed*

Response: Thank you for this comment. I added more detail to the multicenter trial section (lines 170-179).

Reviewer 4: *EUS-FNA IS one of methods to get tissue or cells for cytologic diagnosis. However, EUS-FNA only can hardly make the definite diagnosis of autoimmune pancreatitis. Compare with EUS-FNA, percutaneous SONO-guide aspiration was a simpler, cheaper and more effective way to get much more cell for pathologic studies. Of course in case of suspected non-metastatic pancreatic cancer, it may increase incidence of peritoneal seeding. EUS-FNA needle is now more widely used, but it increased cost. In Asian people, fat over abdominal wall was not so thick as Western people, so visualization from SONO-image was quite easy. The most concerning is the criteria for diagnosis of autoimmune pancreatitis by EUS FNA.*

Response: Thank you for this comment. Although AIP cases associated with pancreatic cancer have been reported in rare cases, EUS-FNA is a safe and important method for the noninvasive diagnosis of AIP. I added this point to the manuscript (lines 104-106).

Thank you again for publishing our manuscript in the *World Journal of Meta-Analysis*.

Sincerely,
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