

PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 47552

Title: Present state of endoscopic ultrasonography-guided fine needle aspiration for the diagnosis of autoimmune pancreatitis type 1

Reviewer's code: 00069814

Reviewer's country: Egypt

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-03-21 07:25

Reviewer performed review: 2019-03-21 07:40

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

good review.. multicenter trial section should be more detailed

INITIAL REVIEW OF THE MANUSCRIPT



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PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 47552

Title: Present state of endoscopic ultrasonography-guided fine needle aspiration for the diagnosis of autoimmune pancreatitis type 1

Reviewer's code: 00504708

Reviewer's country: United States

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-03-20 11:32

Reviewer performed review: 2019-03-21 11:38

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

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

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PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 47552

Title: Present state of endoscopic ultrasonography-guided fine needle aspiration for the diagnosis of autoimmune pancreatitis type 1

Reviewer's code: 03714071

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-03-18 07:59

Reviewer performed review: 2019-03-22 22:22

Review time: 4 Days and 14 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Title: 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

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PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 47552

Title: Present state of endoscopic ultrasonography-guided fine needle aspiration for the diagnosis of autoimmune pancreatitis type 1

Reviewer's code: 00503834

Reviewer's country: Taiwan

Science editor: Fang-Fang Ji

Reviewer accepted review: 2019-03-18 08:56

Reviewer performed review: 2019-03-26 13:36

Review time: 8 Days and 4 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

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



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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.

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