PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 55035

Title: Endoscopic ultrasound in chronic liver disease

Reviewer's code: 02590527

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: United States

Manuscript submission date: 2020-02-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-02 00:05

Reviewer performed review: 2020-03-02 00:58

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

attached as a file

PEER-REVIEW REPORT

Name of journal: World Journal of Hepatology

Manuscript NO: 55035

Title: Endoscopic ultrasound in chronic liver disease

Reviewer's code: 01467632

Position: Editorial Board

Academic degree: FASGE, MD

Professional title: Adjunct Professor, Director, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2020-02-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-02-29 15:55

Reviewer performed review: 2020-03-02 10:06

Review time: 1 Day and 18 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I've read with lot of interest this review. The authors have clearly synthesized the state of the art of the application of EUS in the field of Hepatology, with technical details, performances of different devices and beautiful iconography. They've shown how EUS can integrate (or even outperform) other modalities in the diagnosis and therapy of many liver diseases.   I have few suggestions to better clarify some points and make the text more accessible for the audience.   -   Page 5: when speaking about the role of EUS in the evaluation of liver masses, the Authors cite a classification of EUS criteria identifying lesions at higher risk of malignancy. However they concentrate on the accuracy and predictive value of this classification without describing the imaging criteria themselves. I would suggest that instead of simply citing included characteristics such as echogenicity, shape, lesions size etc. they could also objectify the characteristics predicting malignancy (e.g. hypoechogenicity, distortion of adjacent structures etc.) -

The authors spent > 1000 worlds on comparisons between needles in EUS-guided liver biopsy. Since there is a beautiful and detailed table on this, can the authors try to synthetize this information into a more immediate practical message in the text? Conversely, the authors do not discuss differences between techniques in acquisition of liver biopsies. As for example "wet" suction versus "dry" suction. "Heparin" versus "saline" priming of the needle. - In the section about safety of EUS-guided liver biopsy, even if no comparative study exist of EUS versus percutaneous liver biopsy, can the authors provide a simple estimation of adverse events of percutaneous liver biopsy from previous published data? -   I would also suggest to better clarify what is the clinical need of EUS-guided liver biopsy against the gold standard (e.g. one-step diagnosis in patients evaluated for abnormal liver function tests and no obstructive explanation found). -   I would suggest to remove the sentence "Where evidence is lacking, we provide expert opinion based on available data and experience" from the abstract. I have not noticed any strong personal position used to compensate for the

absence of clinical data. - Introduction: the world review is repeated in the same sentence.