PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 55645

Title: Improved diagnostic yield of EUS-FNB with histology specimen processing

Reviewer's code: 03262781

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2020-03-26

Reviewer chosen by: Ruo-Yu Ma (Quit in 2020)

Reviewer accepted review: 2020-04-01 09:42

Reviewer performed review: 2020-04-02 06:01

Review time: 20 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Minor revision [Y] 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

In this study, the Authors aimed to evaluate two different techniques for specimens EUS-guided specimens' collection: EUS-FNA cytology and EUS-FNB histology. I have several major points to be addressed before publication: ABSTRACT: 1) The abstract seems too long (about 500 words). Please carefully consider the Journal guidelines. INTRODUCTION: 1) In the introduction, among diseases needing samples with intact architecture the be properly diagnosed, you should cite also pancreatic vascularized lesions which include several different lesions with different management and prognosis (see Crinó SF, et al. Ultraschall Med. 2019;10.1055/a-1014-2766). 2) In the introduction, you stated that EUS-FNB could have a lower rate of complication compared with EUS-FNA. This sentence should be mitigated. 3) At the end of the introduction, the aim of the study should be clarified. You stated: "We evaluate the performance of EUS-FNB with regards to specimen processing as histology rather than cytology". However, in this study, you compared EUS-FNA cytology vs. EUS-FNB histology. Please amend properly. METHODS: 1) Please spell "EHR". 2) The aim of the study, stated in the introduction, was to compare "the performance" of two different sampling techniques. Please clarify what "performance" means (i.e., diagnostic accuracy and rate of sample adequacy). You should also refer to standard definitions (see Wani S, et al. Clin Gastroenterol Hepatol. 2018;16(3):318–327) 3) Moreover, I would mention the evaluation of both techniques reported in the result section. 4) Please, state clearly that rapid on-site evaluation was not available. 5) Clarify the cell-block procedure. As a reference, you could cite Ieni A, et al. Hepatobiliary Pancreat Dis Int. 2015;14(3):305–312 RESULTS: 1) Please, change "average" with "mean" and add ranges where appropriate (e.g., near the mean number of needle passes). 2) You stated: "In patients who underwent FNA with FNB, there was a statistically significant difference in diagnostic yield (McNemar's test, P=0.0455) between the FNA and FNB specimen subgroups". Please add details regarding this subgroup.

Which was the diagnostic yield (percentages) of FNA and FNB in the "double technique" subgroup? 3) Please, do the same regarding specimen adequacy. 4) Please, add to results (or provide a table) how many Acquire, SharkCore, and Procore have been used. DISCUSSION: 1) The collection of histological specimens, do not preclude the possibility to perform cytological analysis, including rapid on-site evaluation. Please, discuss this important point (see Crinò SF, Cytopathology. 2019;30(2):179–186) that allows to obtain cytological and histological specimens with the same needle, and during the same procedure. 2) Please, compare your results with previous literature where the ProCore or the SharkCore were used (see, for example, Armellini E, et al. United European Gastroenterol J. 2019;7(1):96–104 and Di Leo M, et al. Dig Liver Dis. 2019;51(9):1275–1280) 3) Add, as a limitation, the use of different FNB needle types. 4) As well, the heterogeneity of the population included (i.e., pancreas and other organs sampled, solid and cystic lesions) should be mentioned as a limitation. TABLES: 1) Please, provide a table where demographic, technical characteristics and lesions features of the 3 groups are compared.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Author's Country/Territory: United States

Manuscript submission date: 2020-03-26

Reviewer chosen by: Jie Wang (Quit in 2020)

Reviewer accepted review: 2020-05-26 02:21

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Scientific quality	[Y] Grade A: Excellent [ ] 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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for amending your manuscript. I have no further comments.