



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 58541

**Title:** EUS-FNB of pancreatic lesions: Prospective study of histology quality using Franseen needle

**Reviewer's code:** 03733262

**Position:** Peer Reviewer

**Academic degree:** MBChB (Aberdeen), MRCP (UK)

**Professional title:** Consultant

**Reviewer's Country/Territory:** Singapore

**Author's Country/Territory:** Germany

**Manuscript submission date:** 2020-07-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-07-30 01:07

**Reviewer performed review:** 2020-08-02 16:00

**Review time:** 3 Days and 14 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

1. The study design mentioned the inclusion criteria for pancreatic solid lesion only, but in the Table 2, cystic lesions (SCN, MCN) were included into final analysis. Perhaps should consider excluding the cystic lesions. 2. The author mentioned 100% technical success (as defined by study needle into target lesion) in the study, but in the later paragraph, the author mentioned 4 cases where needle did not obviously enter the targeted lesion. 3. Suction technique was applied during TA, would this cause the specimen to be more hemorrhagic ? Was there any comment from the cytopathologist? Perhaps this is not of clinical importance if all specimen was send for cellblock analysis. 4. How were the missed cases diagnosed? Follow-up interval imaging or surgical resection ? 5. With a diagnostic accuracy of 85% , it is difficult/ weary to draw a conclusion to have limited number of needle passes (2x) and to negate the need of ROSE in such circumstances.