<u>RESPONSE TO REVIEWERS AND EDITORS</u>

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a review paper on EUS-FNA vs. EUS FNB selecting only prospective trials comparing the results of EUS-FNA and FNB. The literature is searched in PUBMED, EMBASE and Google Scholar and is focused on prospective comparative studies on EUS FNA and FNB of specific lesions, more specifically limited to pancreatic lesions, sub-epithelial lesions and lymph nodes. The studies are presented and discussed according to their design; RCTs, Cross-over studies and Systematic reviews and Meta analysis. The paper has an untraditional design for a research paper, but is well written and clearly documents and comments the 53 relevant references. I have a few comments. Major comments:

1. Methods: No specific search words or number of hits and excluded papers are reported. Without this information, the research is not documented and is not a systematic review, the Method chapter is very brief. I would improve the Method section to state the search-words or phrases and the time or time frame of the searches, an perhaps state the number of hits, and at which level and number possible contributing papers were excluded (Title/abstract/full text).

Response: Thank you very much for highlighting this area for improvement. We have elaborated the "methods" section to include all studies identified, as well as reasons for exclusion. Additionally, we adjusted the manuscript to reflect the different platforms for literature review. Additionally, we have removed the word "systematic" in our title, to remove any confusion.

2. The structure of the paper is first background and presentation of the methods under investigation (FNA and FNB) thereafter each category of lesions (pancreatic lesions, sub-epithelial lesions and lymph nodes) is presented with different designed studies and discussed, and a summary is made for pancreatic lesions, but not for the two other categories. This is different from papers having a Background- Material and methods-

Results- Discussion and Conclusion structure. However it is a logical organization that may suit a review.

Response: Thank you for this observation. As you correctly note, we chose this atypical formal as it allows for more logical organization to better suit this review paper.

3. The conclusion is finalized with four recommendations, even if there is no indication or mention of this being a recommendation or a guideline in the headline or abstract. The four points make recommendations for situations where FNB seem to be in favor of FNA. Perhaps this should be rephrased not as "recommendations" but "based on the literature reviewed in this paper, the authors conclude that..." With that said, I do support the recommendations given from a practical perspective of >15 years of performing EUS tissue sampling, having used all the mentioned needles in this paper.

Response: Thank you for this comment. We agree with you regarding the importance of providing pointed conclusions, both based on clinical practice and literature review, however as you astutely pointed out the intent of the manuscript is not to provide recommendations, and rather to review the literature. We have adjusted the language in the last paragraph to reflect this.

Minor comments:

1. Abstract, p3.L4: "extramural subepitheilal lesions" This is not a familiar expression and is not used throughout the paper. Even if Subepitheilal lesions also include extramural lesion, the association to intramural lesion is strong. If this is an important distinction, please elaborate more closely or remove "extramural".

Response: Thank you for highlighting our use of an ambiguous term. The cited manuscript uses the language of extramural, in contrast to intramural, and defines it as based on appearance on EUS. We have adjusted our manurscript to reflect the ambiguity reflected in that term (p 14), and removed the term from the abstract and Core Tip to as not confuse readers.

2. References to Hedenstrom, P.et al. (33 and 48) in addition to the mention of this in the tables are mis-spelled (Hedestrom), please correct.

Response: Thank you for noticing this typo. We have corrected the spelling throughout the paper

3. The tables are well made, but a bit hard to read because of the use og straight right margin that moves the text strangely in the columns. Consider to make tables more clear.

Response: We have adjusted the margins to make them clearer.

4. Perhaps the authors could point out where more research is needed in order to support better decisions as to which needle to use in the future.

Response: Thank you for highlighting the absence of further direction. We have adjusted the manuscript to include "randomized controlled trials with homogenous populations and homogenous sampling protocols are needed in order to truly understand which needle is superior,"in the conclusion section.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: In this study, the authors compared the diagnostic yield/specimen adequacy, diagnostic accuracy, number of needle passes needed of using EUS-FNA and EUS_FNB for diagnosing pancreatic mass lesions, subepithelial lesions, and lymph node biopsy. However, both methods are safe and provide high diagnostic yield. EUS_FNB has one of l advantages over EUS-FNA in genetic analysis after using a new generation needle. Now, I have one important question that need to be addressed in this study. EUS-FNA and EUS_FNB for diagnosing pancreatic mass lesions, subepithelial lesions, and lymph node biopsy might lead to some complications or adverse events, such as bleeding. Therefore, the authors need to compare the rate of complications or adverse events between EUS-FNA and EUS_FNB. Because these complications or adverse events will influence the choice of using EUS-FNA and EUS_FNB.

Response: Thank you very much for the pointed review. We agree with you regarding the need to address rates of adverse events, including bleeding, as any discrepancy will greatly impact the

choice of which modality to use. As such, we have adjusted the manuscript to include all reported adverse events and bleeding, from both individual studies and pooled meta-analysis quoted.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors compared EUS-FNA and EUS-FNB mainly based on RCT. They found out that EUS-FNB was superior to EUS-FNA in the amount of sample obtained. One advantage of EUS-FNB was that the technique might be useful for genetic analysis in the future. Their conclusions were rationale. Possibility of bleeding may be higher in EUS-FNA than EUS-FNA. How were the bleeding risk compared in literatures?

Response: Thank you very much for the pointed review. We agree with you regarding the need to address rates of adverse events, including bleeding, as any discrepancy will greatly impact the choice of which modality to use. As such, we have adjusted the manuscript to include all reported adverse events and bleeding, from both individual studies and pooled meta-analysis quoted.

RESPONSE TO EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) *Science editor:* 1 Scientific quality: The manuscript describes a review of the EUS-FNA versus EUS-FNB for pancreatic masses, subepithelial lesions, and lymph nodes. The topic is within the scope of the WJG. (1) Classification: Grade B, Grade C and Grade B; (2) Summary of the Peer-Review Report: The authors compared EUS-FNA and EUS-FNB mainly based on RCT. They found out that EUS-FNB was superior to EUS-FNA in the amount of sample obtained. However, the questions raised by the reviewers should

be answered; and (3) Format: There are 3 tables. (4) References: A total of 57 references are cited, including 12 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A, Grade B and Grade A. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; and (2) The manuscript should be word. 6 Recommendation: Conditional acceptance.

Response: We have included an "author contribution" section on page 1.

 (2) *Editorial office director:*

(3) *Company editor-in-chief:* I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a figure to the manuscript.

Response: We have edited the manuscript to include Figure 1: Different Fine Needle Biopsy Needles