

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 65045

Title: EUS-FNA versus EUS-FNB for Pancreatic Masses, Subepithelial Lesions, and Lymph Nodes: Review of Prospective Data and Systematic Reviews

Reviewer's code: 00068723

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Doctor, Occupational Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-02-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-28 01:46

Reviewer performed review: 2021-02-28 03:02

Review time: 1 Hour

Scientific quality	<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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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

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-FNB. How were the bleeding risk compared in literatures?

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Manuscript NO: 65045

Title: EUS-FNA versus EUS-FNB for Pancreatic Masses, Subepithelial Lesions, and Lymph Nodes: Review of Prospective Data and Systematic Reviews

Reviewer's code: 02953897

Position: Editorial Board

Academic degree: MD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2021-02-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-05 00:53

Reviewer performed review: 2021-03-19 09:38

Review time: 14 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

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 1 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.

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Manuscript NO: 65045

Title: EUS-FNA versus EUS-FNB for Pancreatic Masses, Subepithelial Lesions, and Lymph Nodes: Review of Prospective Data and Systematic Reviews

Reviewer's code: 03026716

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Norway

Author's Country/Territory: United States

Manuscript submission date: 2021-02-26

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2021-03-12 16:19

Reviewer performed review: 2021-03-31 22:13

Review time: 19 Days and 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

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, and perhaps state the number of hits, and at which level and number possible contributing papers were excluded (Title/abstract/full text).
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.
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



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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. Minor comments: 1. Abstract, p3.L4: "extramural subepitheial lesions" This is not a familiar expression and is not used throughout the paper. Even if Subepitheial 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". 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. 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. 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.