

Dear Editor and reviewers, thanks for considering our cohort retrospective study for publication in the WJGIE, and thanks for your efforts in reviewing the manuscript.

Here is our point to point response to the reviewers' comments:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This study was conducted in centers with a high annual number of patients. The number of patients is sufficient for the results.

Thanks for your efforts in revising our manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you for giving me the chance to review the manuscript entitled "Role of endoscopic ultrasound (EUS) in the characterization of solid pseudopapillary neoplasm (SPN) of the pancreas". The data of this study is precious. However, more considerations are necessary for effectively treating the data. I hope that the authors will excellently revise the manuscript.

1. The authors couldn't achieve the aim. The aim of this study was to determine the characteristic EUS features of SPN. Can authors make the flowchart of diagnosing SPN by using the combination of EUS features? When the authors can't make the flowchart for diagnosing SPN, the authors make the check list of EUS findings? The flow chart or checklist will be helpful for many pancreaticobiliary specialists.

A: The aim of the study was to describe the findings reported by several HPB centers of excellence across the globe and arrive to a consensus if possible. It was evident from the case series of this uncommon condition that there are no characteristic EUS features which could distinguish SPEN from other focal mass lesions. We therefore offered an honest conclusion in keeping with the original aim of the study.

It is impossible to design a pathway given the conclusion of the study. The check list is a valid suggestion by the reviewer but it will not differ from the current standard of care offered whilst assessing a focal pancreatic lesion. The group of authors would like to request reviewer to please consider above lines and accept our response to the comments.

Nevertheless, 2 simple flowcharts were drawn and added to the manuscript "Figure 1" and cited in the results section, and the rest of the figures were re-cited in the manuscript after adding the new figure.

2. As described above, the authors couldn't achieve the aim. Besides, the results of FNA/FNB were described. SPN is sometimes cystic lesion, therefore the way by which we should perform EUS-FNA is very interesting. When there are no characteristic EUS findings of SPN, I

recommend that you compare the diagnosability and tissue sampling rate of SPN between EUS-FNA and EUS-FNB.

A: EUS FNA has been overtaken by FNB as current standard of care in the assessment of focal solid and the wall of the cystic lesion. Majority centers performed FNB as part of this study with limited FNA data. We believe that it would be impossible to offer any reasonable comparison with adequate power calculation. The technique to perform FNB remains exactly the same as performed for any solid mass lesion.

3. The explanations of echotexture and elastography (Figure 1-6) should be described in “Methods” section.

A: The EUS findings are results of the study. There are different modalities by which lesions can be assessed. The group of authors believe that this will significantly impact the lay out of the paper. This view is again endorsed by several other experts in the region who were consulted.

4. If past reports described that SPN was often seen in female, Table 5 might be unnecessary.

A: Table 5 was removed, and also the paragraph describing its data was also removed from the result section.

5. In the first place, two investigations were involved in the study (EUS findings, and EUS-FNA). This is confusing. Therefore, the authors couldn't describe the procedural detail of EUS evaluation and EUS-FNA in methods section. If possible, the authors should limit only investigation (EUS

findings or FNA). In other words, the authors should divide the report into two reports (a report: EUS findings for diagnosing SPN, the other: EUS-FNA vs FNB for diagnosing SPN).

A: We did FNA/FNB to all lesions to provide a cytopathological diagnosis for all cases which confirmed later on by postoperative histopathological diagnosis. So we took the chance to describe the morphological and demographic data of the proved cases of SPEN and also prove the very high accuracy of FNA/FNB in diagnosis of SPEN.

We are extremely grateful to the reviewer for their time, kind comments and recommendations. We would request reviewer and editorial board to offer kind consideration to our reply.