

Reviewer 1:

The authors aimed to evaluate the accuracy of EUS elastography for differentiation of pancreatic ductal adenocarcinoma (PDAC) and pancreatic inflammatory mass (PIM) by using a meta-analysis approach; they concluded that EUS elastography is a promising noninvasive method for differential diagnosis of PDAC and PIM and may prove to be a valuable supplemental method to EUS-FNA.

Major comments

1. It is quite surprising that the authors stated that they excluded studies without complete data available and considered data presented as abstracts where the data are not fully available.

Answer: Thank you for your valuable comments. The abstract by Deprez et al provided sufficient data to construct a 2×2 table for true-positive, false-positive, false-negative and true-negative which were used to calculate the accuracy of EUS elastography in differentiating pancreatic cancer and inflammatory masses. As a result, it was included in this study. We have clarified it in the revised manuscript. (*Red characteristics, 2nd paragraph, Method section*)

2. They should also explain why they not used MESH terms in searching the papers in Medline/PubMed.

Answer: Thank you for your critical suggestion! We did not use the

MESH term because different databases were used. (*Red characteristics, 3rd paragraph, Method section*)

3. The authors also stated that if there was any missing data needed, they required the missing data from authors by mail. However, they should clearly report how many authors were contacted for data missed and how many authors answered to the request.

Answer: Thank you for your valuable recommendation. Study by Dawwas et al did not provide the full available data for differentiating pancreatic cancer and inflammatory masses. And they refused to provide us the detail data.

4. The data of the 10 papers considered should be calculated also without taking into account the data presented as abstract.

Answer: Thank you for your valuable suggestion! We had also pooled the data without taking into account the data presented as abstract. (*Red characteristics , Paragraph 3rd, Result section*)

5. Why about the SRoc?

Answer: I am sorry that I cannot understand the meaning of “Why about the SROC”. Do you mean “what about SROC”? In this study, the AUC under the SROC was 0.8227. (*Red characteristics, Paragraph 1st, Result*

section) By excluding the study presented as abstract, the AUC under the SROC was 0.8227. (*Red characteristics, Paragraph 2nd, Result section*)
The figure of SROC was provided in the revised version.

Minor comment

1. Please capitalize spearman.

Answer: Thank you very much. The spearman was capitalized.

2. The authors of reference 21 should be reported according to the standard of WJG.

Answer: Thanks a lot! We had modified the reference 21.

3. There are several misspellings throughout the text that should be corrected.

Answer: Thank you very much! We had checked the manuscript word by word and tried to reduce the misspelling as much as possible. And the manuscript was edited by professional English editing company. The editorial certificate was provided.

Reviewer 2:

Authors carried out meta-analysis of EUS elastography for the differentiation between pancreatic adenocarcinoma and inflammatory masses. They concluded that EUS elastography is a promising

noninvasive method and may prove to be a valuable supplemental method to EUS-FNA.

1. I agree to authors' conclusion that as an image method with moderate specificity, EUS elastography could hardly replace EUS-FNA which could provide a pathological diagnosis, however, it could be a valuable supplemental method to EUS-FNA.

Answer: Thank you very much!

2. Autoimmune pancreatitis is recently recognized inflammatory mass of pancreas which should be differentiated from pancreatic cancer. In this meta-analysis, the differentiation between pancreatic cancer and autoimmune pancreatitis was included?

Answer: Thank you for your valuable question! The pancreatic inflammatory masses included autoimmune pancreatitis.

3. Pancreatic inflammatory mass may include variety of diseases with heterogeneous EUS elastography results?

Answer: Thank you very much! This study was aimed to evaluate the accuracy of EUS elastography for differentiation of pancreatic ductal adenocarcinoma and pancreatic inflammatory mass. The pancreatic masses, as a benign disease, were usually softer than pancreatic adenocarcinoma. As a result, EUS elastography could provide high

accuracy for the differentiating pancreatic inflammatory masses and pancreatic ductal adenocarcinoma. However, We claimed that EUS elastography, as an image method, could hardly replace EUS-FNA which could provide a pathological diagnosis. As a result, it could not tell the exact pathological type of pancreatic inflammatory masses.

Reviewer 3:

Some minor language issues but otherwise the paper is easy to read.

Answer: Thank you very much! We had check the all over the manuscript and tried to reduce mistakes as much as possible! And the manuscript was edited by professional English editing company. The editorial certificate was provided.