

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75127

Title: An Update on Endoscopic Ultrasound-Guided Liver Biopsy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02445721

Position: Peer Reviewer

Academic degree: PhD, MD

Professional title: Associate Professor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: United States

Manuscript submission date: 2022-01-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-16 23:55

Reviewer performed review: 2022-01-21 01:23

Review time: 4 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Jan 21, 2022 Dear Authors submitting to WJG Manuscript ID - WJG75127 Manuscript Title: An Update on Endoscopic Ultrasound-Guided Liver Biopsy All Author List: Shiva Rangwani, et al. Manuscript Type: MINIREVIEWS The endoscopic ultrasound-guided liver biopsy (EUS-LB) was an effective alternative to percutaneous and trans-jugular liver biopsy (PC and TJ-LB). (1) EUS-LB demonstrated equivalent diagnostic yield, provided adequate specimen and facilitated liver biopsy for lesions in the left lobe of the liver, obese patients or patients with ascites. (2, 3) Compared to conventional procedures, EUS-LB had less post-procedural pain and recovery time. (2, 3) This study compared the benefit and drawbacks of three methods of liver biopsy and highlighted evidence-based data of the technique and devices of EUS-LB. Comments 1. The use of EUS-LB for the tissue diagnosis of liver mass or focal lesion was promising. (4, 5, 6) and it will be better if you can add data of EUS-LB in cases of liver mass or focal lesion. 2. Please provide references for the first paragraph of the general technique section. 3. The slow-pull technique was mentioned in previous systematic review and meta-analysis. (7) Please provide a comparison advantage and disadvantage between the suction and slow-pull techniques. 4. "Through our literature review, it appears the 1-pass 1 actuation technique is the most common mode of the EUS-LB acquisition". Please provide references for this sentence in the needle Pass/ Actuation section. 5. In the Needle Selection: Tip and Design section, the comparison of EUS-LB with FNB and FNA should be separated from the design of needle tips. Please rewrite this section for a better understanding of the readers. 6. In the previous review, the EUS-guided portal pressure measurement and intervention had details such as the technique of venous catheterization, the instrument and the interpretation of the result. (8) Please add more

information on the EUS-guided portal pressure measurement or remove this part from the review article. References 1. Dawod E, Nieto J, Saab SJOJotACoG, ACG. Endoscopic Ultrasound-Guided Liver Biopsy: Where Do We Stand? 2021;10.14309. 2. McCarty TR, Bazarbashi AN, Njei B, Ryou M, Aslanian HR, Muniraj TJCe. Endoscopic Ultrasound-Guided, Percutaneous, and Transjugular Liver Biopsy: A Comparative Systematic Review and Meta-Analysis. 2020;53(5):583. 3. Johnson KD, Laoveeravat P, Yee EU, Perisetti A, Thandassery RB, Tharian BJWjoge. Endoscopic ultrasound guided liver biopsy: Recent evidence. 2020;12(3):83. 4. Lee YN, Moon JH, Kim HK, Choi HJ, Choi MH, Kim DC, et al. Usefulness of endoscopic ultrasound - guided sampling using core biopsy needle as a percutaneous biopsy rescue for diagnosis of solid liver mass: Combined histological - cytological analysis. 2015;30(7):1161-6. 5. Chon HK, Yang HC, Choi KH, Kim THJCe. Endoscopic ultrasound-guided liver biopsy using a core needle for hepatic solid mass. 2019;52(4):340. 6. Kongkam P, Nalinthassanai N, Prueksapanich P, Sanpavat A, Cañones AR, Luangsukrerk T, et al. A comparison of the antegrade core trap and reverse bevel needles for EUS-guided fine-needle biopsy sampling of liver mass: a prospective randomized cross over study. 2021. 7. Baran B, Kale S, Patil P, Kannadath B, Ramireddy S, Badillo R, et al. Endoscopic ultrasound-guided parenchymal liver biopsy: A systematic review and meta-analysis. 2021;35(10):5546-57. 8. Samarasena JB, Chang KJJCe. Endoscopic ultrasound-guided portal pressure measurement and interventions. 2018;51(3):222.

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Peer-review model: Single blind

Reviewer's code: 03476715

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-01-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-19 14:06

Reviewer performed review: 2022-01-23 01:36

Review time: 3 Days and 11 Hours

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 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This paper is short of innovation and creativity. These articles also discuss the advantages of this technology and the existing liver puncture technology, the selection of puncture needle, etc. (PMID: 30846147, 32218838, 3482658). At the same time, there are relatively few charts in this paper, which can not make readers understand the principle and operation of this technology. It is suggested to improve the new progress in other aspects of this technology

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06148218

Position: Peer Reviewer

Academic degree: FRCP (C), MBChB, MSc

Professional title: Assistant Professor

Reviewer's Country/Territory: Kuwait

Author's Country/Territory: United States

Manuscript submission date: 2022-01-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-19 02:56

Reviewer performed review: 2022-01-25 16:53

Review time: 6 Days and 13 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 checked="" type="checkbox"/> Accept (General priority) <input 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	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a minireview of updates in EUS-guided liver biopsy, a technique that has been gaining increasing popularity and acceptance among the gastroenterology community. This review provides a quick summary of the latest literature in terms of the safety and efficacy and EUS-guided liver biopsy in comparison to traditional techniques of liver biopsy, namely percutaneous- and transjugular guided liver biopsy. This review is well-written and includes the most important publications in the area of EUS-guided liver biopsy. The overall conclusion based on the most recent published studies is this technique is more effective than traditional techniques providing higher specimen length and more CPT while keeping an excellent safety profile. The review also discusses a number of technical aspects in performing EUS-guided liver biopsy highlighting some deficiencies such as the use of suction and needle type. This review does not have any major limitations. It is well-written, includes the most important data in the field summarized in an-easy to read fashion. The only grammatical correction needed is on page 9, line 12 in the sentence " A 2021 study found showed that EUS-LB using" should be corrected to "A 2021 study showed that EUS-LB using ..." This review should be accepted as it is.

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Peer-review model: Single blind

Reviewer's code: 03260869

Position: Editorial Board

Academic degree: MD, MSc

Professional title: Doctor, Full Professor, Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2022-01-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-17 02:48

Reviewer performed review: 2022-01-25 17:35

Review time: 8 Days and 14 Hours

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

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It was a pleasure to read the minireview titled: "An Update on Endoscopic Ultrasound-Guided Liver Biopsy". The manuscript is well-written and very informative. It compared the 3 main techniques for obtaining a liver biopsy from many aspects. General considerations: Some punctuations are missing, e.g. commas after "however" and "Similarly". Introduction Page 4: Wilsons disease, change to Wilson disease or Wilson's disease Alfa-1 Anti-trypsin Deficiency, Hemochromatosis: remove capital letters Methods of Liver Biopsy Page 6: Endoscopic ultrasound-guided fine-needle aspiration was first done in 1993 and EUS-LB was first described by in 2007.12,13 Mention the authors in references 12 and 13: described by-----in 2007. Needle Pass / Actuation: Page 9: Needle pass refers to the amount of times a needle is introduced into the liver parenchyma through puncture of the liver capsule, Change to: Needle pass refers to the number of times a needle is introduced into the liver parenchyma through puncture of the liver capsule, while actuation refers to the amount of back-and-forth motions are made in a specified needle pass. Change to: while actuation refers to the number of back-and-forth motions made in a specified needle pass. Needle Selection: Size Page 9: As time progressed, so did a proclivity for smaller gauge needles in EUS-LB. After the aforementioned statement the authors included several reports where gauge 19 was better than gauge 22. Do they mean that these 19 G are smaller than the sizes 14G-16G mentioned at the beginning of the paragraph? These statements need more clarification. Although there is a mention of pediatric patients at the end of the manuscript, but the authors did not elaborate on any studies using EUS-LB in pediatric age group. The table is very informative and the comparison is crystal clear.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 02445721

Position: Peer Reviewer

Academic degree: PhD, MD

Professional title: Associate Professor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: United States

Manuscript submission date: 2022-01-16

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2022-04-29 00:19

Reviewer performed review: 2022-04-29 00:25

Review time: 1 Hour

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 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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 address all of the suggestions and questions.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 03476715

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-01-16

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2022-04-29 01:17

Reviewer performed review: 2022-05-10 13:06

Review time: 11 Days and 11 Hours

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
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

SPECIFIC COMMENTS TO AUTHORS

This minireview article is well-written and informative, which discusses the advance of endoscopic ultrasound-guided (EUS) liver biopsy in comparison to the traditional techniques, percutaneous (PC) or transjugular (TJ) liver biopsy. Since EUS-LB is safer and multi-functional, it has been popularly accepted in recent years. This review can help to introduce this technology to clinical practitioners. The authors have carefully revised the manuscript according to the peer-reviewers' comments. However, several parts of the edited manuscript still need to be revised and clarified as below: 1. In the "Methods of Liver Biopsy" section, page 7, "...EUS-LB was first described by in Mathew 2007" should be changed to "...EUS-LB was first described by Mathew in 2007". 2. In the "Methods of Liver Biopsy -- Comparisons" section, page 10, the author cited a 2021 study by Patel HK et al., showing that EUS-LB liver biopsy was similar to TJ-LB in CPTs acquisition (EUS-LB vs. TJ-LB, $P = 1$). The abstract of this latest publication only provided this $P > 0.05$. Since I can not access the full text of this citation, the author should confirm this P-value. 3. In the "Technique of EUS-guided liver biopsy" section, page 10, the sentence "Since the inception of EUS-LB in 2007 with a Tru-Cut core biopsy needle (QuickCore, Cook Medical, Winston Salem, NC) multiple studies have aimed at optimizing EUS-LB technique." It should add a comma. 4. In the "Technique of EUS-guided liver biopsy" section, page 12, "A 2020 metanalysis" should change to "A 2020 meta-analysis". 5. The style of the P-value should be uniform as "P" or "p" in the whole article. 6. In the "Future Research and Practice" section, page 18, the full name of the acronym LFTs should be provided.