



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 71975

**Title:** The Evolving Role of Endoscopic Ultrasound in Pancreatic Adenocarcinoma Treatment: A Review Focusing on Technical Success, Safety and Efficacy

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03474273

**Position:** Associate Editor

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor, Director, Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Israel

**Manuscript submission date:** 2021-09-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-28 11:24

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<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

It is a good review to summarize the utilization of EUS in the treatment of pancreatic cancer. Most EUS-FNI treatments are yet far from being optimal and standardized. The single use of EUS may not be truly helpful in clinical practice. The combination of EUS and other endoscopic technique should be mentioned in this review, for example, ERCP with radioactive stent.



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**Reviewer's code:** 05719281

**Position:** Peer Reviewer

**Academic degree:** Doctor, PhD

**Professional title:** Academic Research, Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Israel

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<b>Scientific quality</b>	<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
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### **SPECIFIC COMMENTS TO AUTHORS**

The paper "The Evolving Role of Endoscopic Ultrasound in Pancreatic Adenocarcinoma Treatment: A Review Focusing on Technical Success, Safety and Efficacy" is an excellent review of the literature. The paper presents very relevant the role of EUS treatment methods in unresectable pancreatic adenocarcinoma and updated comprehensive review. The paper makes important contributions in terms of the effect on survival and palliation in exploring treatments of pancreatic adenocarcinoma. The specialized literature that the authors present is valuable, current, and represents important landmarks on the basis of which the conclusions were written. I mention once again that the work is valuable and has a high scientific level. Suggested improvements are as follows: It will be a more fascinating paper if you create one illustration that summarizes the differences in each treatment for pancreatic tumors by EUS. • Treatment methods by directly approaching tumor For example, EUS-guided intra-tumoral injections, EUS-guided ablation therapies • Treatment for pancreatic tumors applying EUS-FNI For example, EUS-guided fiducial markers placement (FMP) • Indirect treatment for pancreatic cancer For example, CPN / B I think it would be nice to make one illustration that makes it easy to understand the difference between the purpose and role of each method.