



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66628

Title: EUS features of autoimmune pancreatitis: the typical findings and chronic pancreatitis changes

Reviewer's code: 01430761

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-06-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-13 12:33

Reviewer performed review: 2021-06-13 14:17

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 Grade E: Do not publish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
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

This is a retrospective analysis of EUS findings of AIP. 1. The authors described that patients were enrolled prospectively. Was this study prospective or retrospective? IRB approval was obtained in 2021. Did the investigators obtain written informed consent after IRB approval? 2. Please add detailed methodology of the image selection and blinding. Who selected the images from the database and how two investigators were blinded? How to treat disagreement between two investigators? 3. For MPD dilation, please clarify its location. Was it observed in the area without AIP involvement? 4. Please clarify how the investigators differentiate DHA vs. FHA on EUS? 5. Finally, how can you apply the study results in the diagnosis of diffuse and focal AIP? Any suggestions?



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66628

Title: EUS features of autoimmune pancreatitis: the typical findings and chronic pancreatitis changes

Reviewer's code: 01467632

Position: Editorial Board

Academic degree: FASGE, MD

Professional title: Adjunct Professor, Director, Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: AI Technique

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Review time: 9 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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Major revision <input checked="" 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

In this study the authors would compare EUS features of autoimmune pancreatitis and chronic pancreatitis between the diffuse and the focal type of AIP. The strengths of the study are: - the high number of AIP patients enrolled, 285 patients from 2012 to 2018, before the initiation of corticosteroid therapy - the original comparison between the focal and diffuse type of newly diagnosed type 1 AIP. My major concerns regarding: - the title of the manuscript does not reflect the aim of the study that should be better exposed. - the 32.3 % of patients are “non-diagnostic” so they underwent to EUS-FNA with only the 39.1% received level 1 and 2 histological evidence. The reference 19 of the manuscript cites a prospective, multicentric study in which the authors showed that the 78% and the 45% of patients were diagnosed with level 1 or 2 of type 1 AIP, respectively with the use of 22-gauge Franseen needle and of 20-gauge forward-bevel needle. Also, a recent metanalysis of Facciorusso et al. showed that the overall diagnostic accuracy of EUS tissue acquisition was 54.7% with a clear superiority of FNB versus FNA. In the manuscript a better explanation of the reasons regarding the “no use” of FNB needles is advised. - the EUS features chosen by the author (parenchymal, cholangitis-like and peripancreatic changes). I think that one of the most important missing data is about the characteristic of the main pancreatic duct, cited only in the context of chronic pancreatitis via Rosemont criteria. In fact, in the ICDC criteria the ductal imaging is described, such as, long strictures or focal narrowing without marked upstream dilation. It would be interesting in your AIP patients, especially in the subset of focal type, to find typical EUS features of main pancreatic duct in the same way of bile duct characteristics. - The use of ancillary techniques such as contrast enhanced-EUS and elastography could be helpful in the differential diagnosis between focal type AIP and pancreatic cancer, this aspect should be better exposed in the manuscript. In my opinion this retrospective



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study is original, but its role is purely descriptive, and the clinical implications are not so clear.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66628

Title: EUS features of autoimmune pancreatitis: the typical findings and chronic pancreatitis changes

Reviewer's code: 05122737

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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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 type="checkbox"/> Minor revision <input checked="" 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



SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me the opportunity to review the interesting article. Shengyu Zhang et al. conducted a retrospective study regarding EUS features of AIP. They analyzed the difference between the diffuse and focal type of AIP, which highlighted a clinical importance. However, there are some concerns for the interpretation of this study. I would like to attach the Reviewer's comments as below. Major issues 1. I agree the importance of EUS features of AIP. However, the authors described only its characteristics of diffuse and focal type of AIP. What is the strongest point in this study? What findings were the most important for differentiating diffuse and focal type of AIP? For example, was EUS superior to other modalities such as dynamic CT? The authors should describe the novelty of their study and discuss further perspective of EUS for the management of AIP. 2. The definition of 'diffuse' and 'focal type' is obscure. The authors mentioned that 'diffuse' is defined as 'more than 1/3 pancreas involved'. What modality did you use for this definition? Did all patients received a dynamic CT scan prior to EUS examination? Or did the authors apply EUS findings for differentiation of diffuse and focal type? If the authors used EUS findings to distinguish between two types, it seems obvious that DHA is more common in 'diffuse type', and FHA is more common in 'focal type'. 3. In table 3, the author compared EUS findings between the diffuse and focal type of AIP by univariate analysis. I recommend performing a multivariate analysis to distinguish between two types. 4. In table 1, the levels of ALT and CA19-9 were significantly higher in the diffuse type than that in the focal type. Were they affected by jaundice or cholestasis? 5. In table 2, the proportion of patients with bile duct wall thickening in diffuse group was significantly higher than that in focal group. Is this difference just due to proportion of head involvement? The authors should add the number of patients with head involvement to table 2. 6. Was there a



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difference in the number of involved organs (extrapancreatic lesions of AIP) between diffuse and focal type? I recommend adding these information to table 1. Minor issues

1. On page 6, line 5, 'no study' seems to be a mistake of 'No study'.
2. There are two punctuation marks on page 9, line 22; 'carbohydrate antigen 19-9 which were higher in the diffuse group..'. 3. On page 10, line 17, 'than in the focal group' seems to be a mistake of 'than in the diffuse group'. Please check and correct it.
4. I recommend that the authors use 'mg/dl' as the unit for IgG and IgG4.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 66628

Title: EUS features of autoimmune pancreatitis: the typical findings and chronic pancreatitis changes

Reviewer's code: 05382963

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Doctor

Reviewer's Country/Territory: Malaysia

Author's Country/Territory: China

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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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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SPECIFIC COMMENTS TO AUTHORS

Comments: Thank you for the opportunity to review this paper. 1. This is an interesting study with a good number of patients. However there are a few areas that need to be addressed. 2. Was your intention to compare CP features in both groups, to demonstrate the predilection and rate of progression to CP between Diffuse and focal groups ? This has to be stated in you study. 3. There are many of the calculations that don't add up in your study. For example "For the typical AIP features: there were significantly more patients with DHA in the diffuse group (92.1% vs. 22.5%, $P < 0.001$), while there were significantly more patients with FHA in the focal group (0 vs. 83.1%, $P < 0.001$)" - The statement above is rather confusing as the numbers don't add up to 100%. When you say 0 vs 83.1 % , what are you comparing ? 4. " For MPD changes, there were significantly more patients with MPD dilation in the focal group than in the focal group (14.0% vs. 25.3%, $P = 0.03$)." - There is a mistake in this statement. Please correct it. 5. In the discussion segment, it would be also advisable to touch on the additive value of EUS findings in comparison to other imaging modalities. 6. Supplement Figure legend

- The supplement figure legend is rather confusing. The authors should attempt to simplify it. For example - Non-diagnostic AIP has been divided into EUS FNA and response to steroids. These are 2 completely different variables and cant be lumped under the same heading. Alternatively you could use 2 separate tables to illustrate your findings. - The response to steroids for the definitive AIP (Diffuse group) has not been mentioned.

Summary • There is a lot of potential in this study, however the data has to be synthesized well. The authors will have to decide on what is the exact aim of the study and present the data in a clear manner.