

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78614

Title: Endobronchial ultrasound-guided transbronchial needle aspiration in intrathoracic lymphadenopathy with extrathoracic malignancy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05142912

Position: Peer Reviewer

Academic degree: MBBS

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

Manuscript submission date: 2022-07-07

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-08-28 17:57

Reviewer performed review: 2022-08-28 18:43

Review time: 1 Hour

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☒ Grade A: Priority publishing ☐ Grade B: Minor language polishing ☐ Grade C: A great deal of language polishing ☐ Grade D: Rejection
Conclusion	☐ Accept (High priority) ☐ Accept (General priority) ☒ Minor revision ☐ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No



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Peer-reviewer statements	Peer-Review: [☒] Anonymous [☐] Onymous Conflicts-of-Interest: [☐] Yes [☒] No
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SPECIFIC COMMENTS TO AUTHORS

Thank you for submitting the diagnosis modality in this case series. It is an interesting study. I have some questions. There is no hospital name in materials and methods section. Can you write it down? Although there were no major complications mentioned, what are the percentages of minor complications postop? How many patients who had no definitive diagnosis? Was it only recommended to do mediastinoscopy, VATS, repeated EBUS or was it done? If done, what is the percentage of diagnosis of lymph nodes following these interventions? I appreciate if you could highlight new changes or put in red color. Thank you.

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Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 78614

Title: Endobronchial ultrasound-guided transbronchial needle aspiration in intrathoracic lymphadenopathy with extrathoracic malignancy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05913135

Position: Peer Reviewer

Academic degree: Doctor, MA, MD

Professional title: Deputy Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

Manuscript submission date: 2022-07-07

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-10-11 12:14

Reviewer performed review: 2022-10-24 06:04

Review time: 12 Days and 17 Hours

Scientific quality	☐ Grade A: Excellent ☒ Grade B: Very good ☐ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ Grade B: Minor language polishing ☐ Grade C: A great deal of language polishing ☐ Grade D: Rejection
Conclusion	☐ Accept (High priority) ☒ Accept (General priority) ☐ Minor revision ☐ Major revision ☐ Rejection
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SPECIFIC COMMENTS TO AUTHORS

The authors present a retrospective evaluation of 80 patients with known extrathoracic malignancies (excluding lymphoma/Leucemia) and synchronous or metachronous lymphadenopathy examined via EBUS-TBNA. The diagnostic accuracy, negative predictive value and sensitivity were calculated. An association between malignant lymphadenopathy and morphologic parameters and/or synchronous lung lesions was found. The question, if EBUS-TBNA was a good method for diagnosing lymphadenopathy in patients with extrathoracic malignancies was answered favorably, as it had been done in other publications before. The data support the results of previous studies examining the value of EBUS-TBNA in the diagnosis of lymphadenopathy in patients with extrathoracic malignant diseases. A number of such studies have been published, others focus on EBUS- TBNA in diagnosing particular diseases. These previous publications do not look at an association with other features, so that would be something new in this study. Generally EBUS-TBNA is now accepted as a standard procedure for examining mediastinal and hilar lymphadenopathy with a high specificity and sensitivity. There is still debate about the number of lymphnodes to be examined to increase sensitivity even more. The title reflects the content of this study. The Abstract is short and to the point. It includes all necessary information. The Core Tips are concise and meaningful. The keywords are very general but sufficient. The Introduction and Methods are well written and include relevant information. It would have been interesting to look after the choice of the biopsied lymph node and the number of Lymph nodes examined, but that was probably not possible in a retrospective study. The Discussion focuses on relevant aspects of the EBUS-TBNA in the setting of

extrathoracic malignancies with mediastinal/hilar lymphadenopathy. It is thorough and includes the limitations of this study. The Conclusion is supported by the results obtained. References are extensive. The tables are not easily understandable and might profit from a little more explanation. To conclude, this retrospective study is well made and well written. It supports data previously published, so there is an issue of novelty, but it also shows an association with sonomorphologic and radiomorphologic features.