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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6133
Title: The utility and safety of EUS-FNA for pancreatic cancer as a preoperative diagnostic modality
Reviewer code: 00503867
Science editor: Qi, Yuan
Date sent for review: 2013-10-05 13:11
Date reviewed: 2013-10-10 12:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

I thank the authors for detailing their experience with EUS-FNA of pancreatic adenocarcinomas. An excellent result in terms of diagnostic yield for FNA. I congratulate all the authors and HK for the performance of the EUS procedures and relatively good SE profile from EUS-FNA and the extensive follow-up of their patients. However there are several points that are concerning and need clarification and likely re-analysis of the data. 1. The title should be "The utility and safety of EUS-FNA for resectable pancreatic cancer..." as this study only describes results for resectable pancreatic CA. 2. The second last sentence in the "Cole tip" paragraph is unjustifiable based on the current study. Was there false negatives in the nonEUS-FNA group? Although this is the one of the most important points about pre-operative EUS-FNA, this was not detailed at all in the manuscript. 3. There appears to be a significant selection bias in those patients selected to not have a EUS-FNA versus those that underwent pre-operative EUS-FNA. It was concluded that there is no adverse outcome to preoperative EUS-FNA. But there were significant differences b/w the two groups in RFS [742 vs 265] and OS [1042 vs 557] favouring EUS-FNA. This would suggest that there were inherent differences between the two groups and as such they cannot be directly compared in terms of survival. I assume that there was a selection bias in terms of which patients had an EUS but this was not described in the manuscript. The presented group characteristics were not much different apart from CEA levels but there was obviously other factors in play. This would be something that the authors need to examine further so that a fairer comparison can be made. The conclusions to the article are sound based upon the immediate complications from the actual procedure. Given so much effort was put into the survival curves of the two groups it is disappointing to say that these are not factually correct in terms of concluded that the FNA had longterm safety (unless the FNA itself

caused a survival benefit). 4. Finally given the differences I discussed in #3, it is possible that the authors may be able to draw out some novel factors from their data to help illustrate which patients tend to do better than others with apparent resectable pancreatic adenocarcinoma.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6133
Title: The utility and safety of EUS-FNA for pancreatic cancer as a preoperative diagnostic modality
Reviewer code: 00160226
Science editor: Qi, Yuan
Date sent for review: 2013-10-05 13:11
Date reviewed: 2013-10-13 20:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[Y] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

The authors performed a retrospective review of all patients suffering from pancreatic cancer who underwent EUS-FNA. They concluded that the procedure is safe in patients with resectable pancreatic cancer The argument of performing this procedure in resectable disease is the balance between the need to obtain cytology/histology for diagnosis vs complications in particular the risk of needle track dissemination. I have a few questions to the authors: Methods 1) How was it decided to perform FNA for these lesions? Was it due to the need to obtain cyto/histo diagnosis before starting chemotherapy? 2) How much suction was applied during FNA 3) Was an onsite cytopathologist a/v during the procedure 4) What was the protocol for giving adjuvant chemo Results: 1) Can the authors postulate why the level of CEA was higher in the FNA- group. In principle, this may signify more advanced disease? However, if so, then this group should be the group that has more advanced disease and more underwent adjuvant chemo? But this was not the case as presented in the table for patient demographics. 2) It was mentioned that specimens yield diagnosis for cytology or histology. How was this obtained and decided? Which needle provided histology? 3) The patient with +ve cytology peritoneal lavage, could this be a result of EUS FNA? Did this patient suffer from recurrence? 4) What was the median FU time of patients 5) Perhaps the authors can perform a multivariate analysis of factors affecting survival with FNA as one of the covariate to strengthen the argument that FNA does not affect survival Discussion: The author should mention that although EUS FNA may or may not adversely affect survival, it may also be a surrogate outcome of the disease status of the patient and also the need to undergo chemotherapy.

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ESPS Peer-review Report
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[ ] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

Although the superiorty of EUS in diagnosis and staging of pancreatic cancer has been proved in many meta-analysis and the technique is still improving with the introduction of modern gadgetry like Elastography, Contrast Harmonic EUS, and FISH. Some precarious points in your study need to be mentioned and worked upon, 1. Were all the lesion's in your study solid neoplasms, nothing is mentioned about the final histopathology of these tumors vis- a- vis the nature and the treatment received henceforth. 2. The selection bias on placing more patients in FNA+ group with neo-adjuvant chemotherapy is evident by a significant statistical enumeration. The study would have a significant impact if this bias was eliminated as in many studies the risk for tumor seeding and complications has been placed between 1.2%-4.4% , the percentage is too small to hold the selection bias. Gastrointest Endosc. 2003;58:690–695. 3. Enumeration needs on the method to Detect Relapse Free Survival (RFS) as the patients in non-neoadjuvant arm with FNA –ve faired better than FNA +ve. The study needs a multivariate analysis to assess the role of each variable on an individualized arm. 4. The paper needs some EUS pictographs showing the lesion and the procedure as well as the post op imaging.