

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 28033

**Title:** 22-gauge Core versus 22-gauge Aspiration Needle for EUS-guided Sampling of Abdominal Masses

**Reviewer's code:** 03646582

**Reviewer's country:** Croatia

**Science editor:** Jing Yu

**Date sent for review:** 2016-06-27 09:58

**Date reviewed:** 2016-08-03 01:33

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ Y ] Grade A: Excellent	[ Y ] Grade A: Priority publishing	Google Search:	[ Y ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ Y ] No	[ ] Minor revision
[ ] Grade E: Poor		BPG Search:	[ ] Major revision
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ Y ] No	

## COMMENTS TO AUTHORS

This study is well conducted and its conclusions will certainly contribute to the future use of EUS-FNA as a safe and established method of tissue acquisition, as well as make the needle type choice an easier decision. Conclusion that "endoscopists could base the choice of the needle type for EUS-FNA in other parameters (i.e. availability, cost, procedural times)" is well justified in this paper, since all the main parameters regarding diagnostic accuracy are equal for the both types of the needles. From personal experience I could only add a comment that immunocytochemistry is easy to perform on cytological materials contributing to the higher diagnostic accuracy. Moreover, due to the DNA friendly fixatives used for cytology as well as preservation of the whole cells rather than "cut" cells, cytological slides in various forms are an excellent source for ancillary molecular studies, especially DNA based PCR studies and FISH.

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

**ESPS manuscript NO:** 28033

**Title:** 22-gauge Core versus 22-gauge Aspiration Needle for EUS-guided Sampling of Abdominal Masses

**Reviewer's code:** 02953223

**Reviewer's country:** Pakistan

**Science editor:** Jing Yu

**Date sent for review:** 2016-06-27 09:58

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is an interesting and well-planned study. It is well-written, on the whole, although there are scattered instances of poor English which need to be improved, perhaps by asking for review by a native English speaker. The number of patients studied is small. Many international readers will struggle to understand how EUS-FNA can be successfully carried out without on-site cytopathology, particularly where even processing of material obtained is carried out by the endosonographer him-/her-self. This ought to be explained further. The authors state that "the number of passes depended on the examiners estimation of the yielded material". In the absence of on-site cytopathology, can they please explain how, exactly, this is done? The authors state, in two places, that EUS-FNA samples may be inadequate for diagnosis of some conditions, including especially lymphoma. In actual fact, immunohistochemistry, as well as flow cytometry can be used with samples obtained at EUS-FNA not only to confirm a diagnosis of lymphoma but also to accurately subtype it. The literature is now available to support this. The authors might care to review this aspect of their paper and discussion.

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

**ESPS manuscript NO:** 28033

**Title:** 22-gauge Core versus 22-gauge Aspiration Needle for EUS-guided Sampling of Abdominal Masses

**Reviewer's code:** 03570593

**Reviewer's country:** Pakistan

**Science editor:** Jing Yu

**Date sent for review:** 2016-06-27 09:58

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Please see attached document for corrections to be incorporated by the authors. Once, they are done ; the article will be of substantial interest to readers. Overall it is a good attempt by the authors.

They have mentioned the registered trial ID which is also confirmed.

Required to be done:

Please add in the objective of study in the abstract. Key word: "abdominal masses" please check again and add in another one; It is evident that all the patients underwent by being tested by both needles: AN and PC? Randomization was done for the needle type? When was it applied? The authors need to be very precise, clear and concise in describing the process. It is not very clear; Histology was attempted in the PC group only, why? No reason mentioned; Secondary outcome measures included material adequacy, number of needle passes, and complications. Complications not mentioned anywhere, if there were not any please report so; Dose of propofol administered for sedation - variable recorded but not mentioned elsewhere; Sample size assumptions, calculations not mentioned; Hypothesis for trial not mentioned. Generalizability



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(external validity, applicability) of the trial findings, please mention keeping in mind the methodology. Trial flow diagram needs to be incorporated. Correct spelling of "Acknowledgement". Table 3a: Indicate hypothesis test applied for the computed p-value.

Table 3b: correct diagnosis is mentioned for 35 for the AN column; though total is cited as 36! Please check. Table 4: total n is not corresponding to the Sample; 51 cases – no information for 5 cases given. Table 5: mention authors names in column where Ref 32,33,34... mentioned. Please mention, for example: Judith AB et al instead of Ref 32 and apply for all the rest of references.