

## PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 82711

Title: Comprehensive review on endoscopic ultrasound-guided tissue acquisition

techniques for solid pancreatic tumor

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05185781 Position: Peer Reviewer Academic degree: MD

**Professional title:** Attending Doctor

Reviewer's Country/Territory: China

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

Manuscript submission date: 2022-12-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-28 01:58

Reviewer performed review: 2022-12-28 02:17

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] 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 [ Y] Major revision [ ] Rejection
Re-review	[Y]Yes [ ]No



# Baishideng

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Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

## SPECIFIC COMMENTS TO AUTHORS

This article reviews the role of EUS-TA in pancreatic cancer, e.g. technical aspects, needle caliber, negative pressure, and puncture methods to obtain an adequate specimen in EUS-TA. 1. It's suggested to supplement some comparisons between FNA and FNB 2. It's recommended to ideal display the respective characteristics of FNA and FNB in the forms of Figure or Table. 3. Please supplement some prospects for the future development of EUS-TA



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Reviewer's code: 06314108 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Japan

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-27 12:36

Reviewer performed review: 2023-01-04 11:40

Review time: 7 Days and 23 Hours

	[ ] Grade A: Excellent [ ] Grade B: Very good [ Y] Grade C:
Scientific quality	Good
	[ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair [ ] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

This is a clinically important a Review mentioning the EUS-TA procedure. However, there are several issues in this paper that need to be reconsidered. In P5L24, you stated that stylet-throw-pull method is applicable in EUS-FNA but not EUS-FNB. The reason for this needs to be clearly stated. The following investigation indicates that the stylet slow-pull method may also be effective for FNB. Roberto Di, Mitri, Filippo, Mocciaro, Filippo Antonini, et al. Stylet slow-pull vs. standard suction technique for endoscopic ultrasound-guided fine needle biopsy in pancreatic solid lesions using 20 Gauge Procore™ needle: A multicenter randomized trial. Dig Liver Dis ;52(2):178-184, 2020. In introduction section, you mentioned personalized medicine and precision treatment, and I agree that FNB is important for these. Thus, "New Applications of EUS-FNB in the Era of Personalized Medicine" on P7L15~ can play an important role in this review. Therefore, I think this section should be emphasized, including future prospects. I agree that the ROSE is unlikely to be recommended for diagnostic practice in the era of EUS-FNB. As a method similar to ROSE, there is Macroscopic onsite evaluation (MOSE). A following study reported that MOSE can evaluate the amount of tissue samples



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obtained by EUS-FNB, and MOSE may play an important role in NGS. Therefore, it is recommended to mention MOSE in this review. Junichi Kaneko, Hirotoshi Ishiwatari, Keiko Sasaki, et al. Macroscopic visible core length can predict the histological sample quantity in endoscopic ultrasound-guided tissue acquisition: Multicenter prospective study. Dig Endosc. 34(3):622-631. 2022. Regarding needle tract seeding (NTS) after EUS-FNA for patients undergoing distal pancreatectomy for pancreatic cancer, I recommend referring to the following study. A non-negligible NST rate of 3% was observed in the following study. Kei Yane, Masaki Kuwatani, Makoto Yoshida, et al. Non-negligible rate of needle tract seeding after endoscopic ultrasound-guided fine-needle aspiration for patients undergoing distal pancreatectomy for pancreatic cancer. Dig Endosc; 32(5):801-811, 2020.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Professional title:** Attending Doctor

Reviewer's Country/Territory: China

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

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Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2023-02-07 08:22

Reviewer performed review: 2023-02-07 08:34

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous



statements

Conflicts-of-Interest: [ ] Yes [Y] No

## SPECIFIC COMMENTS TO AUTHORS

NA