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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Oncology

**ESPS Manuscript NO:** 5090

**Title:** THE ROLE OF EUS IN PANCREATIC CANCER

**Reviewer code:** 01212463

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 11:32

**Date reviewed:** 2013-08-15 18:55

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Please include an abstract and key words. I would suggest some illustrations of the pathology as well.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Oncology

**ESPS Manuscript NO:** 5090

**Title:** THE ROLE OF EUS IN PANCREATIC CANCER

**Reviewer code:** 01179998

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 11:32

**Date reviewed:** 2013-08-15 21:54

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Comments 1. Don't abbreviate anything in the title. Change to "Endoscopic ultrasound in diagnosis of pancreatic cancer" 2. Introduction section could start with pancreatic cancer (incidence, diagnosis, tumor progression, and prognosis) and then raise a question to introduce endoscopic ultrasound for diagnosis. Overall, the review is good, but need to be more precise.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastrointestinal Oncology

**ESPS Manuscript NO:** 5090

**Title:** THE ROLE OF EUS IN PANCREATIC CANCER

**Reviewer code:** 01150514

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-08-15 11:32

**Date reviewed:** 2013-09-05 22:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The role of EUS in pancreatic cancer Gonzalo J, Vila JJ Pérez-Miranda M. This is an interesting review of the developments and changes in practice that the relatively new technique of EUS has brought to the management of pancreatic cancer. There were no major serious issues however: a) Language needs to be improved and on occasion the meaning of some paragraphs was obscured by the below par english. b) Manuscript not paginated Page 2 Para 1 ‘Although the sensitivity for tumour detection is high, it is also important to note that it has a very high negative predictive value (NPV)<sup>11,12</sup>. This is quite important for the clinicians because it means that EUS can reliably exclude pancreatic cancer’ This is a sweeping statement that needs to be tempered. The evidence comes from one study only and the statement is at odds with the findings of the next reference (Ref 13) Page 2 Para 2 Other tumour conditions may also affect the accuracy of EUS staging<sup>14</sup> such as peritumoral inflammatory changes and attenuation of ultrasound beam in large tumours. For this reason tumours smaller than 3 cm in size are more accurately staged with EUS. These sentences would be better placed ‘role in staging’ Page 4 Para 1 ‘Combined 18FDG-PET/CT image fusion was examined in 2 studies...’ This part of the review is very selective as there are a number of studies that have looked at pancreatic cancer and PET-CT. In my opinion either this whole section needs expanding to include comparative efficacy of PET-CT to EUS or more appropriately deleted as it does not add much to the review Same page para 4 Another technical aspect regarding FNA is the suction power applied through the needle. Syringe suction increase the bloodiness of the sample, which dilutes diagnostic cells and hinders adequate cytological analysis. Some tricks for avoiding bloodiness of the sample are using lower suction (5 ml)<sup>34</sup> and avoiding suction in soft lesions (lymph nodes, necrotic and cystic/solid masses). This becomes too technical; I would suggest the remit of



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the review should not stray in such depth with the technical aspects of the equipment etc...and should be removed. Page 5 para 1 There is consensus opinion that on-site cytopathology..... Not sure if 'consensus' is a correct word as there is no International guidance. I would reword saying 'On-site cytopathology for some investigators is deemed as a superior standard of care with the provision of opportunity for real time interpretation etc..... Same page at the end '....lesions suspicious of mucinous nature is contraindicated in Japan' This sounds very drastic! Are there any consensus guidelines to be referenced? Page 9 1st para '..CT because its low cost and high availability and MRI for preoperative assessment of pancreatic cancer with an accuracy of 86% vs 71%76 ....' Please review statement and reference accordingly. The provided reference 76 does not compare MRI Same page and para '...comparison with both CT and MRI82 so that patients are not ruling out a potentially beneficial resection...' Please expand with more data from this reference and a more in depth description of the findings. Page 11 'Biliary drainage EUS-guided biliary drainage (ESCP) .... Please use correct terminology through this headed section: ESCP stands for EUS guided cholangio pancreatography which allows EUS guided biliary drainage EUS-BD... amend accordingly where necessary General Comment: I would recommend that some figures (images) of CE-EUS, EUS Elastography, EUS Ablation and EUS FNI/FNA in the general last heading 'The role of EUS as palliative treatment of pancreatic cancer. Therapeutic options' would be of interest to the readership and would improve the review which is somewhat 'dry'. As a final comment any data on the use of EUS to assess cancer response treatment (radiotherapy or chemotherapy) however early in this area would be useful.