

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 70088

Title: Endoscopic ultrasound-guided through-the-needle microforceps biopsy and needle-based confocal laser-endomicroscopy increase detection of potentially malignant pancreatic cystic lesions: A single-center study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03727100

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Ecuador

Manuscript submission date: 2021-07-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-28 07:02

Reviewer performed review: 2021-07-28 14:03

Review time: 7 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] 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 [Y] Major revision [] Rejection



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

SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me a chance to review the manuscript entitled "EUS-guided through-the-needle and needle-based confocal microforceps biopsy laser endomicroscopy increase detection of potentially malignant pancreatic cysts lesions during EUS assessment". There are some issues in this study. 1. What is the criteria of diagnosing malignancy by EUS, CE-EUS, Spy Glass, nCLE? 2. The diagnosability of EUS alone is too low. Would you please describe the reasons for that? 3. Is the table 2 analyses for malignant diagnosability? 4. The results of ROC curve was shown in Table 3 and Figure 3. The independent variables (EUS alone, EUS+FNA/CE/Cystoscopy, EUS+mFB, EUS+nCLE, EUS+nCLE+mFB) were not continuous variables. How did you make the ROC curve? 5. Statistical analysis is too complicated.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05226178

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Ecuador

Manuscript submission date: 2021-07-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-30 02:32

Reviewer performed review: 2021-08-04 08:52

Review time: 5 Days and 6 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [Y] 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 [] Major revision [Y] Rejection



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

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective study aimed to compare the accuracy of the following EUS and associated techniques for the detection of potentially malignant pancreatic cystic lesions (PCLs): EUS-FNA, contrast-enhanced EUS, EUS-guided fiberoptic probe cystoscopy, direct intracystic micro-forceps biopsy and EUS-guided needle-based confocal laser-endomicroscopy. They focus on the differential diagnosis of potentially malignant PCLs (MCN, IPMN, neuroendocrine tumors) and non-malignant PCLs (SCN, pseudocysts). However, many readers will be more interested in the differential diagnosis of high-grade dysplasia/adenocarcinoma in non-malignant PCLs. So, the authors should focus on the accuracy for diagnosing high-grade dysplasia/adenocarcinoma in MCN and IPMN using these modalities.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03026750

Position: Editorial Board

Academic degree: FRCP, MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Ecuador

Manuscript submission date: 2021-07-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-27 19:42

Reviewer performed review: 2021-08-06 13:23

Review time: 9 Days and 17 Hours

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

SPECIFIC COMMENTS TO AUTHORS

Very important topic. detecting malignant potential of pancreatic cystic lesions is very challenging. However, i have some comments: 1. please if possible to describe the malignant criteria for each technique (EUS alone, CE-EUS,nCLE,...etc) 2. if possible to add chart based on your study to guide the readers when to use each technique according to the cyst size, type, suspicious malignant potential,etc) 3. adding EUS images, CE-EUS, nCLE will add value to the manuscript.