



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 89075

**Title:** Methods to Increase the Diagnostic Efficiency of Endoscopic Ultrasound-Guided Fine-Needle Aspiration for Pancreatic Solid Lesions: an update review

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 02541712

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Chief Physician

**Reviewer’s Country/Territory:** Slovakia

**Author’s Country/Territory:** China

**Manuscript submission date:** 2023-10-19

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-12-14 10:41

**Reviewer performed review:** 2023-12-14 11:38

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

I read with interest the mini-review concerning "Methods to increase diagnostic efficiency of EUS FNA ..... " Authors summarize evidence for, or against using an appropriate needle caliber, ROSE, suction, stylet, contrast enhanced US or needle track seeding. However, this evidence cannot be considered new and also those are technical means used during every (event the first) EUS fine needle sampling. When discussing the increase in diagnostic efficiency, there are other newer topics that need to be discussed, such as MOSE (macroscopic on-site evaluation of the specimen), use of elastography in targeting, use of a balloon for example in tumors in the pancreatic neck, specimen preparation, coloration and evaluation by a pathologist, or the use of next generation sequencing. They mentioned organoids in the discussion, I think that evidence for this new approach should also be elaborated in more detail.