

**ESPS Peer-review Report**

**Name of Journal:** World Journal of Nephrology

**ESPS Manuscript NO:** 10768

**Title:** Role of Endoscopic Ultrasound Fine-needle aspiration for the evaluation of patients with adrenal gland enlargement or mass

**Reviewer code:** 00035938

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-12-04 10:36

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" 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 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"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

General comments: Martinez et coworkers present a retrospective single center case series of 94 patients with enlarged adrenal glands who underwent EUS-guided fine needle aspiration. The observational study does not contribute any new findings but strengthens and supports the available data on the safety and clinical relevance of this diagnostic method. It is meticulously presented. Limitations of the study are the retrospective nature and the high rate of patients lost to follow up, 28 patients. This should be stated clearly. Minor, special comments: How is the size of the adrenal gland measured? What is the difference between adrenal mass and adrenal enlargement? Please clarify. The very recently published study by Uemura et al. is also interesting as the right adrenal gland was visible in 87% while only rates of 30% have been reported previously. In this study the approach to finding the right adrenal gland has been described in detail. How often could the right adrenal gland be visualized in this study? Did you observe any trend regarding the use of 19G, 22G, 25G needles or the number of passes and the diagnostic yield? Table 2: The differentiation of the indications is confusing. Why are Barrett's oesophagus or a planned coeliac block indications to perform an EUS-FNA of the adrenal gland?

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**Title:** Role of Endoscopic Ultrasound Fine-needle aspiration for the evaluation of patients with adrenal gland enlargement or mass

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**Science editor:** Ma, Ya-Juan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> 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**

This is a retrospective single-center case-series evaluating the impact of EUS-FNA in the evaluation of patients with left and/or adrenal gland lesions discovered at EUS as part of a staging procedure or incidentally for other indications. 94 patients th left (n=90) and/or right (n=5) underwent adrenal EUS-FNA without adverse events. Adrenal EUS-FNA diagnosed metastatic cancer in 24, and ruled out metastasis in 10 patients. Sixty (64%) patients had benign pathology. Nine patients had non-diagnostic FNA. For the diagnosis of malignancy, EUS-FNA of either adrenal had sensitivity, specificity, PPV and NPV of 86%, 97%, 96% and 89%, respectively. The authors should be congratulated in their effort to present the real clinical impact of EUS-FNA in patients with both malignant and benign adrenal lesions/findings that has never been done before where the patients population were mainly patients with cancer who were undergoing EUS-FNA for staging purposes Main outcome measurements need to be better defined. Calculation of sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) and diagnostic accuracy need to be done for both malignant and benign lesions. I will shortened the results section to make it more clear because it is difficult to be followed. Also the discussion need to be shortened and be more focused on the results obtained Any comments about the 15 patients with benign EUS-FNA cytology who died before the repeat imaging could be performed? (6 month by the study definition) Could have been possible to consider them false negative results and if this would be the case how this would affect your results? Can you discuss the false positive result in the patient with melanoma? This should also be reported in the clinical impact of EUS-FNA paragraphs

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**Title:** Role of Endoscopic Ultrasound Fine-needle aspiration for the evaluation of patients with adrenal gland enlargement or mass

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> 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"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

The paper “Role of Endoscopic Ultrasound Fine-needle aspiration for the evaluation of patients with adrenal gland enlargement or mass” deals with a large series of patients who underwent EUS-FNA and provides new informations about the results of this technique in the characterization of malignant and benign adrenal masses. However, I have some concerns that should be addressed by the Authors: 1) The abstract should be organized following the editorial guidelines of WJG (Aim, Materials and Methods, Results, Conclusions). 2) EUS technique: The Authors should specify the minimal clotting parameters required to perform EUS-FNA and the maximum number of biopsy attempts allowed for each procedure. In particular, it is interesting to know how many attempts were performed in the 9 non diagnostic cases in their series. Furthermore, the Authors should comment if the operators’ learning curve may have affected this result; indeed, in Table 4 the rate of non diagnostic procedures was reduced after 2004 even if the difference did not reach statistical significance. 3) Results. The Authors claim that the 94 patients enrolled in the study were consecutive. This implies that all patients addressed to adrenal EUS-FNA could undergo the procedure and that there were no cases in which the target adrenal mass could not be visualized or biopsied. If so, this should be specified in the text. 4) Results. “Prior attempt with percutaneous CT-guided approach for adrenal biopsy was attempted and unsuccessful in 3 patients, two of them subsequently had a diagnostic adrenal EUS-FNA (1 malignant, 1 benign)”. What about the third patient? Why he did not undergo EUS-FNA? Please specify. 5) Results. “Diagnostic cytology was obtained in 86 biopsies after a mean of 3.2 (+1.4) needle passes”. Considering that the number of non diagnostic procedures

is 9 and the total number of patients is 94, diagnostic cytology was probably obtained in 85 patients. Is it right? 6) Clinical follow up. Among the 36 patients with benign adrenal cytology with available follow up, 5 underwent adrenalectomy and surgical pathology was benign in 4 and demonstrated adrenocortical carcinoma in 1. It is not clear to me why these 5 patients with biopsy diagnosis of benign disease underwent surgery. Did the lesions increase in size? Was there a clinical suspicion of a false negative result of EUS-FNA? I think that the Authors should clarify this point. 7) It has been recently proposed that PET-CT should be routinely performed in case of a nodule detected in a normal appearing adrenal gland. This could avoid the puncture of PET-CT negative nodules that are usually benign (Eloubeidi et al, *Gastrointestinal Endoscopy* 2010 cited among the references). However, the Authors did not mention if in their series there were patients with imaging suspicion of a benign adrenal lesion and if these patients were submitted to PET-CT before EUS-FNA. Furthermore, I think that the Authors should comment about the role of this technique in the diagnostic flow chart of adrenal masses. This is only partially addressed in the Discussion 8) I think that the legend of figure 1 could be changed as follows: Final diagnosis in patients who underwent EUS-FNA of either adrenal gland

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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
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**COMMENTS TO AUTHORS**

In this series, EUS is demonstrated to be safe in adrenal mass biopsy. As a retrospective research, authors should compare the outcomes in this series to those from percutaneous biopsy. Besides, there are some type errors (p8, line 3, P 0.98, etc.)