

## **Comments to reviewers**

Dear Editor,

Thank you for your consideration of our manuscript entitled "Cheesy material on Macroscopic on-site evaluation after Endoscopic Ultrasound-Guided Fine-Needle Biopsy: Don't miss the tuberculosis".

In response to the valuable reviewers' suggestions, this is our reply:

### **Reviewer #1:**

**1- Very interesting review, this is an important condition we come across in developing countries and to a less extent in developed countries. Infract in developed countries it is often diagnosed as pancreatic cancer, and EUS FNA sometimes clinches the diagnosis. Would like to bring these articles to your attention- Gastrointest Endosc. 2012 Apr;75(4):900-4. doi: 10.1016/j.gie.2011.12.026. Gastrointest Endosc. 2012 May;75(5):1005-10. doi: 10.1016/j.gie.2011.12.032. Epub 2012 Mar 14. I am not suggesting to include these references, but just wanted to bring these to your attention**

Thank you for your comments, I read the articles you shared, both of them are interesting and confirmed the utility of EUS-FNA as a minimally invasive modality for diagnosing tuberculosis and avoiding unnecessary

pancreatic resection. It supports our minireview.

**Reviewer #2:**

**Pancreatic tuberculosis, as a rare disease, EUS-FNA/FNB is a minimally invasive and practical diagnostic method, combined with ROSE, MOSE, histological and cytological examination. The authors reviewed related studies. My suggestions are as follows:**

**1. Most of the tissue are white and soft obtained by EUS-FNA/FNB, so “cheesy-looking (caseating)” should be clearly defined, otherwise it would be difficult to distinguish and diagnose.**

Yes, the tissue obtained by EUS-FNA/FNB is often whitish however as mentioned in the article, the core of the first two passes was exclusively and too whitish mimicking the cheesy aspect, and the third one was also cheesy but a little bloody (Figure 2). Pancreatic tuberculosis is rare and the macroscopic on-site evaluation of the core has never been described. In our review, we propose this aspect in MOSE as pancreatic tuberculosis, but we need to perform a multicentric study with more patients to confirm our findings.

**2. The title mentions "Don't miss the tuberculosis". Is there and study reported EUS-FNA/B diagnosed carcinoma but TB after surgical resection?**

Many studies have reported unnecessary surgical resection done for pancreatic tuberculosis. In the title, we mentioned "Don't miss the tuberculosis" because we don't usually request the GeneXpert when cheesy core is found in MOSE, we suggest considering tuberculosis as a potential diagnosis in these cases.

**3. The expressions of "EUS" and "Final diagnosis" in Table 1 are not consistent, so modification is recommended.**

Yes, I have changed "EUS" to "EUS findings" and "Final diagnosis" to "Microbiological and histological findings" in Table 1.

**4. Improvement of logical conjunctions and grammar in some paragraphs are needed.**

Thank you for your comments, I did English editing with a professional English language editing company and revision with a native English-speaking expert to correct all logical conjunctions and grammar.

We hope that our response is satisfying the raised points of the reviewers, thanks again for reviewing our manuscript, best regards.