

ANSWER TO REVIEWER COMMENTS:

REVIEWER # 1

The manuscript by Krishna and colleagues analyses confocal laser endomicroscopy (nCLE) image patterns in cystic pancreatic lesions. Ten patients were recruited to the prospective study analyzing in vivo nCLE with ex vivo probe based (p) CLE after surgical resection. The main conclusion is that “in vivo nCLE imaging patterns of all pancreatic cystic lesions are reproducible during ex vivo pCLE of surgically resected pancreatic cystic lesions”. This is a well written and interesting analysis of an important topic.

There are some mine concerns that should be addressed:

1. Obviously, the sample size of 10 is rather small for any valid analysis; that should be highlighted.

Answer: This will be mentioned in the limitations aspect of the manuscript.

The following line was added to limitations:

The small sample size (n = 10) is not suitable for statistical analysis and the images observed in this study may not fully characterize all patients with the examined cyst types.

2. What was the indication to resect the SCA, if it was already suspected pre-operatively?

Answer: The 6 cm lesion caused bile duct obstruction with elevation in liver function tests. This was the reason for surgical resection. A footnote has been added to Table 3 with a superscript placed next to the patient.

3. Similarly, what was the indication to resect the epidermoid and lymphoepithelial cysts?

Answer: For patient with epidermoid cyst: There was a rapid increase in the size of the cyst by 1 cm over 6-month follow-up. Hence, a surgical resection was performed. Further the cyst was located in the tail of the pancreas and a CEA was not available since aspirate was pasty. A footnote has been added to Table 3 with a superscript placed next to the patient.

For patient with lymphoepithelial cyst, the diagnosis was uncertain and CEA was elevated to 2664, hence surgical resection was performed. Further the cyst was located in the tail of the pancreas. A footnote has been added to Table 3 with a superscript placed next to the patient.

4. Was there a blinded assessment of the pre- and postoperative images?

Answer: There was no blinded assessment of the pre-and postoperative images since this was an explorative observational study. This is now added to the study methods.

Although not directly related, we have recently validated many of these image patterns among a panel of blinded external observers. This publication can be accessed here:
<https://www.ncbi.nlm.nih.gov/pubmed/28286093>

Gastrointestinal Endoscopy 2017 Mar 9. pii: S0016-5107(17)30179-7. doi:
10.1016/j.gie.2017.03.002. [Epub ahead of print]

Needle-based confocal laser endomicroscopy for the diagnosis of pancreatic cystic lesions: an international external interobserver and intraobserver study (with videos).

Krishna SG et al.

REVIEWER # 2

COMMENTS TO AUTHORS

The Authors suggest a new technique for the characterization of the pancreatic cystic lesions during the EUS. The confocal laser endomicroscopy is able to acquire images peculiar and comparable to those histopathological. The Authors conducted a prospective study comparing the in-vivo (during the EUS) and ex-vivo after the pancreatic resection (examining the surgical specimen) of 10 cystic lesions with different typology. They found a perfect concordance of the images and an optimal correlation between the images and the histopathological findings. This result is encouraging and could be extremely useful in the field of the pancreatic cystic lesions.

Answer: We appreciate the comments by the reviewer.