

**Name of Journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 42925

**Manuscript Type:** ORIGINAL ARTICLE

***RETROSPECTIVE STUDY***

**Instant evaluation of contrast enhanced endoscopic ultrasound helps to differentiate various solid pancreatic lesions in daily routine**

We thank the reviewers for their valuable comments. Below you find the point to point response to the reviewers suggestions:

**Reviewer 1:**

well written manuscript. i have some questions.

1-what is the statistical method?

**Response:** For statistics, means and standard deviations as well as sensitivity, specificity, PPV and NPV were calculated with four-square-tables

2-"pancreas cancer diagnosis can be increased by the help of EUS" ( ( Sakarya Med J, 2018, 8(1):149-152 ).) and (Turkiye Klinikleri J Gen Surg-Special Topics 2018;11(2):112-4) I suggest both of these uptodate studies for the references.

**Response:** Unfortunately both references could not be found despite intensive search. As uptodate reference, the following reference was added „Laquière, Lefort, et al: 19 G nitinol needle versus 22 G needle for transduodenal endoscopic ultrasound-guided sampling of pancreatic solid masses: a randomized study“ Endoscopy. 2018 Nov 19. doi: 10.1055/a-0757-7714.“

**Reviewer 2:**

Dear Sir, I read with pleasure the manuscript titled "Instant evaluation of contrast enhanced endoscopic ultrasound helps to differentiate various solid pancreatic lesions in daily routine". This is

a valuable study, although the number of patients is small for planned statistical analyses. The greatest value of CEH-EUS in today's clinical practice would be to aid in decision making process in cases of inconclusive ("suspicious") cells found during FNA, since inconclusive FNA can unnecessarily delay surgery. While FNA/histology should still be mandatory to exclude lymphomas and benign lesions, CEH-EUS may be of great value. Some language polishing may be nice.

**Response:** Language has been checked and overworked

Reviewer 3:

General comments: This manuscript presented a retrospective study aimed at evaluating the value of contrast enhanced harmonic endoscopic ultrasound (CEH-EUS) for differentiating various pancreatic lesions routinely. Several perfusion characteristics of pancreatic lesions in 55 patients were obtained and analyzed qualitatively and quantitatively to differentiate various pancreatic lesions, regarding pathological biopsy as a gold standard. With the high sensitivity and specificity of CEH-EUS, the authors confirmed the value of CEH-EUS for diagnostics of various focal pancreatic lesions, especially instant qualitative evaluation. Endoscopic ultrasound (EUS) has been established as an effective tool in the diagnostic of abdominal diseases. The development of CEH-EUS also achieved improved diagnosis accuracy for benign and malignant abdominal tumors. This study is meaningful for clinical evaluation of the diagnostic value of CEH-EUS by qualitative and quantitative analysis. Still, it has some shortages in my perspective.

1. This study only included 55 cases and the different perfusion characteristics may be insufficiently representative.

**Response:** The reviewer is absolutely true, an increased number of patients would have increased the statistical value. Nevertheless, the results of the study are consistent with other published data.

2. The introduction mentioned that EUS-FNA lacked sufficient accuracy due to non-diagnostic cytological results or misguided fine needle aspirates, but EUS-FNA was still used as the gold standard to verify CEH-EUS diagnostic accuracy in this study.

**Response:** The reviewer is right regarding the limitations of EUS-FNA, which makes other techniques interesting. Especially in metastatic disease, EUS-FNA is the only way of cytology sampling for many patients, while where available surgical specimen served as gold standard.

3. The language should be improved deeply, there are some obvious mistakes on grammar.

**Response:** Language has been checked and overworked

Special comments: Running title is too long. Page2 Abstract Objective: Line 3 "could show" ◇ "have showed" Result: Line7 "3 neuroendocrine carcinoma" ◇ "3 neuroendocrine carcinomas" Core tip Line4 Please add a comma after "cohort". Page6 Line4 "venes" ◇ "veins" Results Line2 "23 patients female" ◇ "23 patients were female" Line3 "Of those 55 Patients" ◇ "Of those 55 patients" Discussion Line1 Please add a comma after "study".

**Response:** All comments have been implemented in the manuscript