

Article information: <https://dx.doi.org/10.21037/jtd-24-348>

Reviewer A

The REVIEW summarizing MedCryoBx is very interesting. However, as the authors say, it is questionable whether MedCryoBx is significant in terms of cost and safety.

MedCryoBx is likely to be of limited use. It would be helpful if the text were to further recommend that the indications be benign diseases such as lymphoproliferative diseases.

In table 4, Pneumothorax and Pneumomediastinum are used in two cases each, and the percentages should be unified at 0.4%.

The evaluation of bleeding in table 4, and article lines 176-178, differs from study to study, and it is difficult to evaluate the safety of using it as it is in the analysis. In particular, the method of bleeding in Zhang2021 is clearly different from other trials. I would like you to review the safety evaluation.

The position of the colon, :, in Figure 1 and the line breaks in the text should be consistent and changed to make it easier to read.

Reply: *Thanks for your insight, time, and review in this regard. The mistake in Table 4 has been corrected to be unified as 0.4%. It is a valid point that the reviewer puts forth for bleeding. An explanation and limitation of this for interpreting bleeding has been now included in the explanation in the discussion. Please note the discussion section with **Does MedCryoBx have a comparable or favorable complication rate over EBUS-TBNA?** The grading of bleeding following MedCryoBx by YeFan/Zheng et.al has been included in the discussion.*

Figure 1 has been corrected and replaced for clarity and consistency

Reviewer B

The authors present a comprehensive meta-analysis comparing EBUS-TBNA to EBUS guided mediastinal cryobiopsy. The paper is well designed, analyzed, and adds much to the field regarding this evolving technique for evaluation of mediastinal adenopathy. I would suggest some minor changes to improve it further.

Minor Comments

"It has significant yield improvements in benign diseases and lymphoproliferative diseases, but not so much in lung cancer diagnosis" - I would change this throughout to "but less so in lung cancer" as not so much sounds to vague

There are issues with grammar/syntax throughout that would benefit from further editing/proof reading

Reply: *Thanks for your time and efforts. The above sentence has been changed as suggested to reaffirm a more assertive statement on the use of MedCryoBx about benign and lymphoproliferative diseases and lung cancer. Syntax and Grammar checks and corrections were also done.*

Reviewer C

EBUS cryo is a new biopsy technique for diagnosing mediastinal lesions, and its usefulness has been reported.

This paper is a meta-analysis of EBUS cryo.

Diagnosis of malignant lymphoma and benign lesions is difficult with TBNA, and appropriate tissue

sampling is useful.

The results of the meta-analysis show that EBUS cryo was useful, which seems to be a reasonable result. It will be interesting to see which is more useful than IFB.

Figure 1 is unclear, so it would be better to make it clearer.

Reply: *Thanks for your comments and review. As you noted Figure 1 is not clear and has been edited and completely replaced for clarity. Literature comparison on IFB and MedCryoBx is a very interesting study that has been published and is referred to in this metanalysis.*