

Peer Review File

Article information: <https://dx.doi.org/10.21037/amj-23-120>

Reviewer A:

Comment:

- line 120: I don't think that ref 16 could be labelled as "guideline"

- line 225: please, add a reference with the guidelines about anticoagulant / antiplatelet discontinuation

- line 228: the transnasal route is not mentioned and I suggest to add it (ref. Diagnostics (Basel). 2023 Apr 13;13(8):1405 - PMID: 37189506)

- line 248: the sentence "Most of the studies used > 10 mm lymph node (short axis) as criteria on when to perform EBUS-TBMC" needs a reference
- line 257: I think that the word "guideline" is not appropriated –
- line 260: this paragraph needs to be supported by bibliography.
- line 495: the reference is not completed

Reply: All the above comments have been addressed.

Reviewer B:

Major comments

Comment 1: Lines 260-272

Is there substantial evidence to support the recommendation of the 19-G needle?

Reply 1: The evidence to support the use of the 19G needle is limited to 5 case series. However, in the authors' own experience, creating a track can be difficult and we want the readers to have a variety of options and hone their technique.

Comment 2: The claim that the radiofrequency knife used in two significant RCTs is an alternative approach does not seem justified.

Reply 2: Smaller studies reviewed by the authors demonstrate that track creation can be achieved using the EBUS needle. However, since this is a new technique with limited data we want the readers to feel free to be open to using different tools and make their own conclusions.

Comment 3: All tables and figures should be referenced in the main text.

Minor comments

Lines 248-249

While I understand the authors' perspective, the lack of supporting evidence suggests that deletion would be appropriate.

Reference 49

It is advisable to avoid citing conference presentations.

Table 2

Some descriptions of ROSE implementation are inaccurate. In case reports, the status of ROSE implementation may be omitted due to word limitations. For some "No" entries, consider correcting to "N/A".

Reply: All the above comments have been addressed.

Reviewer C:

This is a good review of EBUS TBMC as a method for diagnosis of lymphoma and sarcoidosis.

Major comments:

- EBUS-TBNA has been shown in multiple studies to be able to obtain enough tissue for molecular analysis, unless required by clinical trials. Can you comment on that?

Reply: This is generally true but not consistently seen, even in the authors' experience.

- There was no mention of EBUS-TBFB in this article. This should be mentioned in the discussion section as EBUS TBFB with a 1.8 mm forceps and smaller has shown good diagnostic yield in the diagnosis of lymphoma and sarcoidosis. This needs to be reviewed and compared to EBUS-TBMC.

- Can you comment on the complication rate of EBUS-TBMC versus mediastinoscopy and EBUS TBFB. A comment about its safety cannot be made especially in the setting of a major complication that could have led to a mortality

Reply: A section on mini-forceps or EBUS TBFB has been included in the discussion.

Reviewer D:

Comment: I note the moderately imprecise text with sparse details in writing, as well as more than frequent mistakes in the orthotypography (text, tables and images' s leyends).

Sorry for me not approving this post.

Reviewer E:

- a. The manuscript is well-structured and logical, making it easy to follow the discussion and understand the process of EBUS-TBMC.
- b. The authors' review of relevant literature is comprehensive and provides a solid basis for their arguments.
- c. The authors effectively identify the challenges related to the procedure, such as determining optimal activation time and number of passes and suggest potential future research directions.
- d. Would be interested in the authors thoughts on alternative methods and comparison to EBUS-TBMC, such as Miniforceps EBUS-guided lymph node biopsy/ EBUS TBFB
- e. While the manuscript does an excellent job of discussing the procedure from a practitioner's point of view, it might be beneficial to include information about the impact of the procedure on patients, such as post-procedure care, recovery time, potential discomfort, and overall patient experience.

Reply: A section on mini-forceps or EBUS TBFB has been included in the discussion.

A section on post procedure care has been included.

Reviewer F:

Comment: The review describes the cryoprobe technique in one paragraph. It is not clear between the 4s and 10 s activation what is going on. The technique needs to be clearly described such that a novice can also apply it. Rest of the article summarizes old data which has been published in revised format many times.