Reviewers' comment	Authors' responses
Please discuss how different treatment regimens may impact HRQL parameters.	We have elaborated on the effects that different therapies have on patient HRQoL. In summary, we do not see a clear pattern, apart from ^{177}Lu-dotatate, which may provide a benefit.
Focus exclusively on pharmacological intervention studies excluding cross-sectional data and the study of the psychotherapeutic intervention based on SCT.	We have excluded the psychotherapeutic intervention. We have refocused the paper so that the cross-sectional studies have less weight in our observations. However, we have retained the information we have extracted from these studies, as we feel these still provide additional information to the reader. For instance, HRQoL has been shown to be significantly reduced in patients with GEP-NETs compared to the general population using these studies.
Change the title to: The impact of pharmacological treatments on GEP-NET patients' quality of life: a systematic review	We have changed the title.
The authors should present in more detail their search strategy and provide a relevant flow diagram	We have expanded this section, including by providing a flow diagram.
The authors should perform a meta-analysis or explain the reason not to.	We did not feel a meta-analysis would be worthwhile. In response to this comment, we reached out to a statistician to see if a meta-analysis was feasible and/or warranted. We received the following response:

"I think it would be fair not to perform a meta-analysis for this study; a quick look at the studies suggests that they are single arm with a wide range of comparators, therefore there would be potentially several meta-analyses which may detract from the overall qualitative stance in the paper. There is a large amount of heterogeneity too, violating the assumptions of meta-analysis"

In the paper we have now explained, with words to this effect, why we did not do a meta-analysis. |
Results should not be presented study by study but should be classified and integrated in order to provide more solid and useful information.	We have rewritten the results section in line with this comment.
[the authors] should avoid re-iterating results and present p-values in the discussion section	We have rewritten the discussion section in line with this comment
Explain the difference among the assessments, and why prefer EORTC QLQ-C30 and GINET21 GEP-NETs. and we also want to know the conlclusion or tendency of the author on the HRQoL of GEP-NETs following treatment	We have elaborated on why we believe EORTC QLQ-C30 and GINET21 GEP-NETs are most important. Mainly because they are most widely cited. We have also elaborated on the effects that different therapies have on patient HRQoL. (see the first comment) we do not see a clear pattern, apart from ^{177}Lu-dotatate, which may provide a benefit.
Please check and confirm that there are no repeated	Done

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