

Reviewer #1:

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** In this study, the authors deal with an interesting topic, and the manuscript is very well written. I have no specific comments. I recommend to accept this study for publication after a minor editing. Thank you.

**Answer:** Reviewer #1 has no specific comments.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Very important topic with interesting results. I read this study carefully and found that the methods and results are very good, however, the authors should take attention to the discussion. I suggest the author to discuss the recent scientific findings. And some minor language polishing should be corrected.

**Question 1:** however, the authors should take attention to the discussion. I suggest the author to discuss the recent scientific findings.

**Answer:** Recent scientific findings were added (references 30-32,39) and several references were updated in the discussion. We emphasize on the G3 NETs malignant behaviors and the difference between G3 NETs and NECs. Also, endoscopic resection were discussed and tried to illustrate if it was suitable or effective for the low grade, superficial and small tumours ?

**Question 2:** some minor language polishing should be corrected.

**Answer:** Language were polished again by AJE after revising.

Reviewer #3:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** In this study, Li et al analysed the clinicopathological characteristics and prognosis of patients with type 3 g-NET in China based on the 2019 WHO pathological classification. The topic is very interesting, and the study is well designed. A total of 77 patients with type 3 g-NET were analysed, and tumours were mainly located in the gastric fundus/body. Compared with G1 NETs, G2 NETs had a higher lymph node metastasis rate, and G3 NETs had a higher distant metastasis rate. The treatment was reasonable, and seems effective. In my opinion, the manuscript is very well written. Tables and figures are very interesting. Some minor language polishing should be revised, and manuscript style should be updated according to the guideline of the journal. Thank you.

**Question 1:** Some minor language polishing should be revised, and manuscript style should be updated according to the guideline of the journal.

**Answer:** Language was polished again by AJE after revising and manuscript style has been updated according to the guideline of the journal.

Reviewer #4:

**Scientific Quality:** Grade E (Do not publish)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Rejection

**Specific Comments to Authors:** Title: appropriate to define the content of the article. Key words: 4, appropriate. Abstract: 215 words, structured, informative. Introduction: 255 words, the reader is acquainted with known facts about gastric neuroendocrine neoplasms (g-NENs) and the latest classification into well-differentiated gastric neuroendocrine tumours

(g-NETs) and poorly differentiated gastric neuroendocrine carcinomas (g-NECs) and their subtypes. Materials and methods: 312 words, the research methodology is adequately explained in the subsections: patient selection, pathological classification and TNM staging, follow-up (only telephone and text messages ?!) - such a form of follow-up is questionable and leaves room for doubt. Statistical analysis: the statistical methods used are appropriate. Results: all together 1285 words (including 4 tables), the text is illustrated with tables about: clinicopathological features of type 3 gastric neuroendocrine tumour, characteristics of patients with endoscopic resection, univariate analysis for prognosis and multivariate analysis for prognosis. All key results are presented in the chapter. Discussion: the scientific findings from recent years are presented only in part. The authors highlight the fact that G3 NET have more aggressive biological behaviour than G1 and G2 NET and important prognostic role on outcome for these tumors. They conclude, that type 3 g-NET had a relatively malignant biological behaviour with poor prognosis and strong heterogeneity. The authors also draw attention to the limitations of this study: different institutions, different pathologists, the updated grading system in 2019, therefore, all pathological diagnoses were finally reviewed by the same NET pathologist. Given the fact that a number of recommendations/treatment strategies have been published in recent years in international literature, the discussion is weak. References: 34, from the period 1997 (Gastroenterology) - to 2020 (Gastric cancer), influential journals from this field. Conflict of interest: the authors have declared no competing interests. Study ethics: all procedures were in accordance with ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration. Informed consent was obtained from all patients for inclusion in the study. Grant support: National Natural Science Foundation of China (No. 81673763) and Guangzhou Science and Technology Foundation (201804010078). Opinion of the reviewer The article deals with an interesting topic in the interdisciplinary

field of oncology, gastroenterology/imaging procedures and surgery, however, it fails to meet the expectations of the reader.

**Question 1:** Follow-up (only telephone and text messages ?!) - such a form of follow-up is questionable and leaves room for doubt.

**Answer:** Follow-up strategy was revised: patients were followed up by hospitalization, outpatient service or telephone.

Reviewer #5:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** I've carefully read the manuscript entitled "Clinicopathological Characteristics and Prognosis of 77 Cases with Type 3 Gastric Neuroendocrine Tumour". The paper describes a cohort of type 3 g-NETs with regard to clinical and pathological characteristics. The topic is of interest and warrants more research in the literature. Introduction is appropriate. Inclusion criteria, specifically diagnosis of type 3 g-NET, should be better defined in patient selection. Methods should include details on the evaluation of patients - endoscopy, endoscopic ultrasound and cross-sectional imaging. In results, when reporting age distribution of patients, I suggest using median age with interquartile range (or min-max range as reported), as it is a better statistic than mean age. Besides the wall layer involvement, further detailing of EUS characteristics would be of value. Also, quality of specimens obtained from endoscopic/EUS biopsy should be discussed in relation to assessment of Ki67 index and number of mitoses. Statistics and discussions are well written. Minor language polishing with some rephrasing is recommended - eg. "and female patients (55.8%) were predominant" - with female predominance (55.8%) would be more suitable.

**Question 1:** Inclusion criteria, specifically diagnosis of type 3 g-NET, should be better defined in patient selection

**Answer:** The inclusion criterion was added: Patients with type 3 g-NETs met the inclusion criteria: 1) histologically proven well-differentiated g-NETs; 2) normal serum gastrin; 3) no evidence of types 1 and 2 g-NETs.

**Question 2:** Methods should include details on the evaluation of patients – endoscopy, endoscopic ultrasound and cross-sectional imaging.

**Answer:** Related description was added :Endoscopy was used to find the lesion on the stomach and get biopsy, endoscopic ultrasound(EUS) was performed to assess the infiltration of gastric wall only when tumour size larger than 1cm. Computed tomography and magnetic resonance imaging were used to assess the condition of gastric lesions, the relationship between lesion and adjacent organs or tissues, the status of regional lymph nodes and distant metastasis. Some patients may undergo somatostatin receptor scintigraphy or <sup>68</sup>Ga DATATATE positron emission tomography /computed tomography to assess the status of lymph nodes and distant metastasis.

**Question 3:** In results, when reporting age distribution of patients, I suggest using median age with interquartile range (or min-max range as reported), as it is a better statistic than mean age.

**Answer:** Age distribution was expressed median age (min-max range) in the manuscript as your nice suggestion.

**Question 4:** Besides the wall layer involvement, further detailing of EUS characteristics would be of value.

**Answer:** Only patients with tumour equal to or larger than 1cm are recommended to undergo the EUS according to the guideline. And not all of patients underwent EUS in our study and the data of a few patients were missing. I am afraid that I can not provided the further details of EUS characteristics of all patients.

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**Question 5:** Also, quality of specimens obtained from endoscopic/EUS biopsy should be discussed in relation to assessment of Ki67 index and number of mitoses.

**Answer:** Indeed, the quality of specimens obtained from endoscopic/EUS biopsy had impact on assessment of Ki67 index and number of mitoses because of limited or deformed lesion. I added the related content into limitations of this study.

**Question 6:** Minor language polishing with some rephrasing is recommended – eg. “and female patients (55.8%) were predominant” – with female predominance (55.8%) would be more suitable.

**Answer:** I do agree your advice on some rephrasing and language were polished again by AJE.