

Reviewer #1:

The original findings of this manuscript, Small bowel adenocarcinoma (SBA) is a rare malignancy of the gastrointestinal tract. the incidence of SBA is very low, there is a need for further studies to evaluate the possible application of newer investigative agents and strategies to obtain a better outcome within the framework of international collaborations. This article provides direction and ideas for the diagnosis and treatment of small intestinal adenocarcinoma. 2. The quality and importance of this manuscript, the rarity of disease, there is paucity of prospective data. The treatment is generally extrapolated from evidence available from colonic cancers. This manuscript have discussed all the aspects of small bowel cancer in a comprehensive way. 3 The limitations of the study and its findings, SBA are rare malignancies with poor prognosis. These are often diagnosed in advanced stage owing to non-specific nature of symptoms. The clinical presentation is varied and vague and a high index of suspicion is required for prompt diagnosis and treatment. **It is hoped that the author will provide more information on the diagnosis of small intestinal adenocarcinoma, including pathological diagnosis and whether there are specific immunohistochemical markers**

Firstly, I would like to thank Editor and reviewers. The diagnosis and immunohistochemical markers are discussed in more detail. Also a table has been put to explain how to differentiate adenocarcinoma of stomach, small bowel and large bowel.

Table 1: IHC to identify adenocarcinoma of stomach, small and large intestine

Gastric malignancy	SBA	CRC
CK7 + (51%)	CK7 + (50%)	CK7 – (95%)
CK20 + (48%)	CK20+	CK20 + (96%)
CDX-2 + (60%)	CDX-2+ (70%)	CDX-2 + (99%)
HepPar-1 (31%)	Villin + (67%)	Villin + (80%)
MUC1 (31%)	SATB2 (46%)	AMACR (68%)
MUC2 (29%)	Small intestinal mucin antigen (50%)	
	AMACR	

Science editor: 1 Scientific quality: The manuscript describes a minireview of the small bowel adenocarcinoma. The topic is within the scope of the WJGO. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: This article provides direction and ideas for the diagnosis and treatment of small intestinal adenocarcinoma. The questions raised by the reviewers should be answered; (3) Format: There is no tables and no figures; (4) References: A total of 55 references are cited, including 9 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGO. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (3) Please add table/figure to this review. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

There is no tables and no figures

Table has been added

Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions

Dr Divya Khosla contributed to conceptualization, manuscript preparation, writing and editing and responsible for the integrity of article. Dr Treshita Dey contributed to manuscript writing and editing. Dr Renu Madan contributed to literature search. Dr Rahul Gupta contributed to literature search, manuscript writing and editing. Dr Shikha Goyal contributed to editing. Dr Narendra Kumar and Dr Rakesh Kapoor reviewed and approved the manuscript.

PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

PMID and DOI numbers have been added in the reference list.

(2) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Oncology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure (medical imaging) to the manuscript. There are no restrictions on the figures (color, B/W).

A table has been added in the manuscript.