



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 71397

**Title:** Immunotherapies for well-differentiated grade 3 gastroenteropancreatic neuroendocrine tumors: A new category in the World Health Organization classification

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03647271

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-09-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-16 08:16

**Reviewer performed review:** 2021-09-25 13:12

**Review time:** 9 Days and 4 Hours

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

This paper is a well-written and very informative mini-review regarding immunotherapy to G3 PNET. I believe that it will be of great help to clinicians as it summarizes various clinical trials and treatments well. One thing I would like to suggest is the following: Due to the high medical cost of immunotherapy, pre-treatment evaluation including MSI-H, PDL-1 expression, and TMB are recommended to predict treatment response, therefore it would be good to describe various pre-treatment tests (NGS, IHC) for immunotherapy and predictive factors for good responder.



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**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02541859

**Position:** Editor-in-Chief

**Academic degree:** FACG, FACP, FASGE, FRCP, MD, MRCP

**Professional title:** Associate Professor, Doctor

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** China

**Manuscript submission date:** 2021-09-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-27 13:28

**Reviewer performed review:** 2021-09-27 18:59

**Review time:** 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Nevertheless, patients with G3 NETs or Ki-67 <55% (mostly well differentiated) were far less responsive to the treatment than those with NEC or Ki-67  $\geq$  55% (mostly poorly differentiated). The G3 NET and NEC patients had an objective response rate (ORR) of less than 17% and 35-70%, a median progression free survival (mPFS) of 2.4-4 mo and 5.0 mo and a mOS of 17 mo and 99 mo, respectively[8-10]. mOS - is it median overall survival? Please avoid abbreviations without full meaning.