Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thanks for the opportunity to review this article. It is a well presented review in which the authors discuss the indications for right hemicolectomy in patients with appendiceal neuroendocrine tumors. They also review the evidence to postoperative complications, the impact on survival and recurrence, quality of life, and follow-up, and discuss whether right hemicolectomy should be an appropriate option for appendiceal NETs. The review is very comprehensive, but it will be better if the data on survival and recurrence rates from the cited literature are presented in a table in the "Survival and recurrence" part. This will allow us to more visually compare the prognostic impact of appendectomy alone with right hemicolectomy.

- Thank you very much for your evaluation. We have added a new table with the suggested data.

Table 2 Summary of published data on aNET recurrence and survival

Author (Year)	n	Recurrence Rate	Specific Disease Survival Rate	Reported Follow-up
Tsikitis V (2012)[38]	982	-	95.6%	5-year rate
Volante M (2013)[17]	138	-	97.1%	86.5 months (1 - 267)
Mosquera C (2017)[39]	418	-	95.7%	5-year rate
Sarchekeh AM (2017)[40]	118	-	97.5%	10-year rate
Pawa N (2017)[41]	215	0	99.05%	10-year rate
Alexandraki K (2020)[32]	136	2.2%	100%	10-year rate
Brighi N (2020)[5]	435	0%	98.5%	Median follow-up not provided, but at least 20% longer than 10 years

Alabraba E (2021)[1]	102	1%	99%	6.2 years (0.8-27.8)
Holmager P (2021)[28]	335	0%	100%	66 months (1-250)

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Title: The title of this review needs to be modified and polished. “Management of incidentally discovered appendiceal neuroendocrine tumor after right hemicolectomy” may be better. Abstract. The conclusion should be more precisely. For example, “other factors such as mesoappendix infiltration, lymphovascular invasion, or tumor grade may also play a role” could be changed into “mesoappendix infiltration and lymphovascular invasion were risk factors of …….”. the abstract had better reflect the core tip, the risk-benefit ratio was not be found in the abstract. Key words. OK Background. “They are typically diagnosed at a younger age than other neuroendocrine tumors and are often an incidental finding after an appendectomy.” How old and the reported rate of incidental finding had better to be concluded in the background. Methods. No applicable. Results and Discussion: Authors had concluded the management and controversy of appendiceal neuroendocrine well. Just the language need to be polished. Illustrations and tables. Fine. Actually, if author show the figure of EC-NET, why not presented related figures of other pathologic types. Biostatistics: No applicable Units: No applicable References. OK Quality of manuscript organization and presentation. Language polish was needed. Research methods and reporting. PRISMA 2009 Checklist was needed. Ethics statements. No applicable

- We would like to thank the reviewer for the commentaries.
- The suggested title does not fit exactly with the subject of the paper. We analyze the management of aNET diagnosed after appendectomy, but similarly to the suggestion we have modified the title to: “Management of incidentally discovered appendiceal neuroendocrine tumors after an appendicectomy”.
- We have modified the abstract conclusion as follows: “The main point of controversy is the indication for performing a completion right hemicolectomy after an initial appendectomy, based on the risk of lymph node metastases. The main factor considered is tumor size and 2 cm is the most common threshold for indicating a colectomy. Other factors such as mesoappendix infiltration, lymphovascular invasion, or tumor grade may also be considered. On the other hand, potential complications, and decreased quality of life after a hemicolectomy as well as the lack of evidence on benefits in terms of survival must be taken into consideration.”
- We have modified the first paragraph of the introduction as follows: “More than 80% of appendiceal neuroendocrine tumors (aNETs) are diagnosed incidentally in

appendectomy specimens and are found in approximately 0.5% to 1% of all appendectomies[1]. These neoplasms have several characteristic features that differ from other gastroenteropancreatic neuroendocrine tumors (GEP-NETs). They usually progress indolently and are diagnosed in younger patients other NETs; the majority are detected in the third or fourth decade of life while other NETs are usually diagnosed close to the sixth decade of life[2–5].”

- We decided to include only one image of a well-differentiated aNET as an example. We chose this entity because it is the most common. We believe that adding more images does not provide more information for the readers with respect to the objective of the review.
- We did not display the PRISMA 2009 checklist similarly to other articles in the journal.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The writers have conducted a complete and systematic review regarding neuroendocrine tumours, which can be helpful in clinic work, so we encourage its publication after minor revision.

- We would like to thank the reviewer for his kind evaluation.