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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 76269

Title: Prognostic Impact of Examined Lymph Nodes and Survival Analysis of Patients

With Appendiceal Neuroendocrine Tumors

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05382551 Position: Editorial Board Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2022-03-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-02 03:33

Reviewer performed review: 2022-04-03 01:48

Review time: 22 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The article is within the scope of the journal and deals with an interesting topic. It is well written and structured. His reading is fluent. However, it is necessary to make some improvements to be accepted: a) The item is subject to change control. It seems that it is not the final version. b) The state of the art should be extended in the introduction and delve into the problem described in the article. c) Some conclusions and lines of future work should be included. In particular, the conclusions must summarize the scientific contribution of the work presented.



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Peer-review model: Single blind

Reviewer's code: 00071178 **Position:** Editor-in-Chief

Academic degree: FACS, FICS, MD, PhD

Professional title: Professor, Surgeon

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2022-03-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-09 09:29

Reviewer performed review: 2022-04-09 10:08

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The article does not conform to the WJG series in format. When visiting www.wjgnet.com site, knitted article formats can be seen. please prepare your article according to the format of the journal so that the article can be read more fluently. As it is known, appendiceal carcinoid tumors (NET) are almost always detected incidentally as a result of the histopathological evaluation of the specimen obtained from patients who underwent emergency appendectomy with a preliminary diagnosis of acute appendicitis. It is sometimes detected in specimens obtained as a result of incidental appendectomy performed during elective colorectal or other abdominal surgical operations. Therefore, when preparing a study, it should be stated in which patient group the tumor was detected, which is very effective on survival. In other words, tumors that cause clinical signs of acute appendicitis are more likely to be detected at an earlier stage. The WHO 2019 report has published a report on how gastrointestinal NETs should be classified. It would be more appropriate to write neuroendocrine tumor expression instead of carsinoid expression in the title of the article. You can use the following articles: Nagtegaal ID, Odze RD, Klimstra D, Paradis V, Rugge M, Schirmacher P, Washington KM, Carneiro F, Cree IA; WHO Classification of Tumors Editorial Board. The 2019 WHO classification of tumors of the digestive system. histopathology. 2020 Jan;76(2):182-188. doi: 10.1111/his.13975. Akbulut S, Tas M, Sogutcu N, Arikanoglu Z, Basbug M, Ulku A, Semur H, Yagmur Y. Unusual histopathological findings in appendectomy specimens: a retrospective analysis and literature review. WorldJ Gastroenterol. 2011 Apr 21;17(15):1961-70. doi: 10.3748/wjg.v17.i15.1961. Akbulut S, Koc C, Kocaaslan H, Gonultas F, Samdanci E,



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Yologlu S, Yilmaz S. Comparison of clinical and histopathological features of patients who underwent incidental or emergency appendectomy. World J Gastrointest Surg. 2019 Jan 27;11(1):19-26. doi: 10.4240/wjgs.v11.i1.19. For this reason, it is important that the introduction part is prepared according to these principles. also, the expression Carcinoid should no longer be used. Because developing an orthsk language all over the world is important in terms of preparing a homogeneous study. Therefore, it is more appropriate to define the article as the NET of the appendix. The authors used the phrase "Variables with P<0.1 in univariate analysis were considered for the multivariable model" in the statistical analysis section. It would be appropriate to provide a reference for this expression. It is seen that most of the continuous variables in the tables do not show normal distribution. Therefore, the median and mean should not be given at the same time. Median (min-max) is sufficient. You can use the following tutorial for this. Akbulut S, Sahin TT, Yilmaz S. Comment on pediatric living donor liver transplantation decade progress in Shanghai: Characteristics and risks factors of mortality. WorldJ Gastroenterol. 2020;26(30):4564-4566. I could not understand why tens of cut points are used in Table-5. This will only create confusion. The optimal cutoff point can be easily calculated by ROC analysis. This table definitely needs to be revised. In my opinion, the statistical analysis sections of the article should be revised by a biostatistician who is familiar with clinical issues.