Scientific quality	[ ] Grade A: Excellent　[Y] Grade B: Very good　[ ] Grade C: Good [ ] Grade D: Fair　[ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent　[Y] Grade B: Good　[ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent　[Y] Grade B: Good　[ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It was a well-written case report with a suitable contrast enhanced CT scan approach. I suggest accepting the case report.

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
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
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Manuscript NO: 84369 Name of Journal: World Journal of Gastroenterology Manuscript Type: CASE REPORT Inflammatory myofibroblastic tumor of the pancreatic neck misdiagnosed as neuroendocrine tumor: A case report I read with interest the study titled "Inflammatory myofibroblastic tumor of the neck of the pancreas, which was mistakenly diagnosed as a neuroendocrine tumor: A case report". The authors presented a rare case of inflammatory myofibroblastic tumor. First of all, the references start from 4 in the introduction part. No reference is used in the abstract. Please check. In addition, plain CT was used as the imaging method. What is the reason why they do not prefer a method such as EUS, MR or PET? Why was FNAB not done? Please explain. What is your reason for not considering enoculation for this mass with benign features? Please show the mass with an arrow in Figure 1. Best regards

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Title: inflammatory myofibroblastic tumor of pancreatic neck mimicking as neuro-endocrine tumor: A case report could be an another crisp and clear title. History of present illness should have been little more elaborative regarding symptoms and presentation. Why the CECT done straight forwardly unless the presenting symptoms and history of present illness suggested that investigation. Is the pancreatic mass is growing without any symptoms has not been mentioned. If patient is on follow up in some hospital and referred to your hospital for treatment, since how long they have been following up? I believe clarity on these points are essential. Rest of the part in discussion is well written.