

May 3rd, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript No 9949 revised.doc).

Title: Update on surgical treatment of pancreatic neuroendocrine neoplasms

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9949

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) *Reviewer 1) The paper is well done, clear and in good english. Nevertheless check what you reported as G grading with the publication in the refernces of Klimstra et al Pancreas 2010 (n°4) because it could be a minor error in reporting grade G3.*

We thank the reviewer for this positive feedback and the valuable comment on G grading. We realize that the publication by Klimstra in Pancreas 2000 lists two different grading systems for pancreatic neuroendocrine neoplasms in table 4. Here, the authors list an alternative classification by Hochwald et al. for pancreas which differs from the most commonly used ENETS/WHO classification for grade which is valid for all GEP-NETs including pancreas. In our review we cite the WHO classification for GEP-NETs and not the classification for pancreas by Hochwald and colleagues. In order to make this clearer, we have modified this sentence in the attached manuscript. Furthermore there was a small error for Ki-67 index and Grade 1 which has been corrected (from ≤ 2 to $< 3\%$). All changes have been marked in red as can be seen below and on page 4 of the revised manuscript:

“A clinically much more relevant classification is the generally accepted grading of PNENs on the basis of the 2010 WHO classification **for gastroenteropancreatic neuroendocrine tumors (GEP-NETs)** and the expression of the cell proliferation marker Ki-67. Accordingly, PNENs are graded as G1 (mitotic count $< 2/10$ high power fields (HPF) and a Ki-67 index $< 3\%$), G2 (mitotic count of $2-20/10$ HPF and a Ki67 index of $3-20\%$), and G3 (mitotic count $> 20/10$ HPF and/or a KI-67 index $> 20\%$).”

- (2) *This is a brief and exhaustive review on surgical treatment of pancreatic neuroendocrine neoplasms. The paper is well-written and enjoyable to read.*

We thank the reviewer for this encouraging review. Accordingly no further changes to the manuscript were made.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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