ANSWERING REVIEWERS

October 17, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5335-review.doc).

Title: The classification, clinicopathologic significance and treatment of gastric neuroendocrine tumor

Author: Tingting Li, Feng Qiu, Zhirong Qian, Jun Wan, Xiaokun Qi and Benyan Wu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5335

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) The paper seems a bit too long in terms of extension. It was cut a bit.

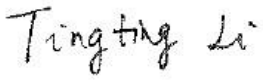
(2) Introduction Not adequate to refer "For example, Jianu CS presented ", not necessary. The revision was: Gastric neuroendocrine carcinoma has also been recently reported in a patient long-term use of a proton pump inhibitor (PPI).

(3) Clinicopathological significance Type I GNET 70%～80% of gastric GNETs are type I tumor. Don't use a number with percentage in the begining of a phrase. The revisions were: Seventy to eighty percent of gastric GNETs are type I tumor and they are usually less than 10mm in diameter, multiple, mostly related to chronic atrophic gastritis, and localized in the gastric fundus or body [18]. Five to six percent of GNETs reportedly are type II tumors, which occur as a result of a gastrin-secreting neoplastic tissue in Zollinger-Ellison syndrome. Fourteen to twenty-five percent of GNETs are classified as type III, and are non-gastrin dependent , large (>2 cm，mean 5.1cm), usually occur singly, and grow from the gastric body/fundus in the context of a normal (nonatrophic) surrounding mucosa [36].

3 English mistakes, references and typesetting were corrected

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

Sincerely yours,



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