



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53637

Title: Functionality is not an independent prognostic factor for pancreatic neuroendocrine tumors

Reviewer's code: 01221344

Position: Editorial Board

Academic degree: FRCP (C), MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Canada

Author's Country/Territory: China

Manuscript submission date: 2020-01-10

Reviewer chosen by: Jin-Zhou Tang (Quit in 2020)

Reviewer accepted review: 2020-01-20 00:19

Reviewer performed review: 2020-01-20 00:39

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

How was the sample size determined? There should be discussion about whether the study was powered enough to identify a prognosis difference between insulinoma, other functioning PNEN and non functioning. As mentioned, there seems to be a trend favouring insulinoma.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53637

Title: Functionality is not an independent prognostic factor for pancreatic neuroendocrine tumors

Reviewer's code: 03388124

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Attending Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-01-10

Reviewer chosen by: Ruo-Yu Ma

Reviewer accepted review: 2020-02-15 15:15

Reviewer performed review: 2020-02-21 01:36

Review time: 5 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

This study analyzed two separated databases for prognostic factors of PNET and concluded that functionality is not a prognostic factor. 1. As stated in the manuscript, one database is SEER which is a US-based multicenter database using uniform criteria, while the other database is based on a single institution of different patient population in a different country, potentially with different guideline and management strategy. It is understandable that the authors want to combine the databases to construct a larger patient cohort, the inherent difference between the two databases makes any comparison difficult and less convincing. It would be more reasonable if the authors collaborate with different institutions in China to achieve a multicenter patient population. 2. It is kind of strange that the authors found that neither T stage (China cohort) nor tumor grade (both cohorts) had prognostic significance, which is contradictory to the literature. This needs to be explained. 3. The cohorts appear to be limited to well-differentiated neuroendocrine tumor, thus it should be stated as such, and use pNET rather than pNEN. 4. All p values should have at least one number, not all 0. e.g., use $p < 0.0001$ rather than $p = 0.000$ 5. The statement: "Tumors that secrete insulin, namely, insulinomas..." is inaccurate. As mentioned by the authors, insulinoma is defined by a constellation of clinical syndrome, not just secretion of insulin. 6. Most insulinomas are removed by enucleation, with no lymph node removed. This may explain many cases staged as pNx (most are insulinomas). Alternatively, it could be a result of insufficient pathologic examination. 7. The third paragraph under "discussion", line 7, "Primary tumor" should be changed to "T stage". 8. The running title is too long. Recommend to change to: pNET functionality not prognostic. 9. Recommend further polishing in English language. It is not easy to read.