



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 56461

Title: Somatostatin receptor scintigraphy in the follow up of neuroendocrine neoplasms of appendix

Reviewer's code: 03805726

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Canada

Author's Country/Territory: Serbia

Manuscript submission date: 2020-05-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-05-02 15:26

Reviewer performed review: 2020-06-01 05:48

Review time: 29 Days and 14 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 Grade E: Do not publish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 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" 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



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

This study investigated the role of SRS in the follow up of 41 patients appendiceal NET (APNET) and concluded value of SRS in the follow-up of the patients with ANET after surgery, if recurrences or metastases are suspected. Major concerns: (1) Goblet cell carcinoid (GCC) is not a carcinoid tumor and has been classified as goblet cell adenocarcinoma by the most recent WHO tumor classification of GI tract. I would recommend that the authors either eliminate this group of tumor in this study or analyze the performance of SRS in classical APNET and GCC separately. (2) One important prognostic factor of APNET is the size of tumor, which has been used in TNM classification of APNET. I would suggest that the authors provide more up to date TMN classification of the APNET tumors enrolled in this study. It would be interesting to analyze the performance of SRS on APNET stratified by TNM classification of the resected tumors. I suggest including a pathologist in this study to better classify these APNETs. (3) Most APNET are either G1 or G2. The incidence of G3 APNET is extremely low. However, 27% of tumors in this study are G3 tumors, suggesting a selection bias in this study. Would it be more appropriate to change the study title to “The Role of Somatostatin Receptor Scintigraphy in the Follow up of Patients with high grade/high stage/advanced Neuroendocrine Neoplasms of Appendix”, given that most low stage APNETs do not require clinical follow-up?



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 56461

Title: Somatostatin receptor scintigraphy in the follow up of neuroendocrine neoplasms of appendix

Reviewer's code: 00058104

Position: Peer Reviewer

Academic degree: FACS, MD, MSc, PhD

Professional title: Academic Fellow, Attending Doctor, Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Greece

Author's Country/Territory: Serbia

Manuscript submission date: 2020-05-01

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-05-22 04:36

Reviewer performed review: 2020-06-02 11:13

Review time: 11 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

This manuscript entitled “ The Role of Somatostatin Receptor Scintigraphy in the Follow up of Patients with Neuroendocrine Neoplasms of Appendix” is an original manuscript that evaluates the role of SRS in ANETs management. This is a well written paper that needs only minor language/grammar editing. Minor comments: - minor language/grammar editing. I would advise that authors read again and polish their manuscript. (for example: “... Majority ... “ instead of “...The majority” , two spaces between words instead of one, etc.) - Table 1: Please, reconsider the use of the word “Pathophysiology”; any of the following terms would be more precise: pathology, histology, histopathology. - Table 1: right hemicolectomy should be considered instead of hemicolectomy. - It is not clear when the patients underwent SRS during their FU period. - Please, introduce every acronym at the 1st time it is used in the main text Major comments - In the methods section, authors should describe the nature of their study, i.e. prospective, retrospective, retrospective analysis of a prospective register. - In the methods section, authors should provide information regarding the institutional ethical committee approval and any waiver regarding patients’ informed consent. - In the discussion section, authors should more thoroughly point out the significance of their findings in terms of what they add beyond the already known, or to compare their findings with the rest of the literature on the subject and present the differences clearly.