PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 58123

Title: Cost-effectiveness of lutetium (177lu) oxodotreotide vs everolimus in gastroenteropancreatic neuroendocrine tumors in Norway and Sweden

Reviewer's code: 02895862

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-07-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-07-09 00:28

Reviewer performed review: 2020-07-18 15:22

Review time: 9 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
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) [ ] Minor revision [Y] 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

The authors reported a health economic research that was performed to determine the cost-effectiveness of 177Lu-Dotatate compared with everolimus in patients with unresectable or metastatic midgut-NETs or P-NETs in both Sweden and Norway. This manuscript has value in that it addresses an important theme. Thank you for the opportunity to review this paper. However, I think that there are some limitations before the editors should consider it for publication. Model calculations (modeling) are generally difficult to discuss at the level of evidence or statistical robustness. Therefore, it is desirable to clarify the preconditions and calculation process of the simulation. Major comments. 1. Since this paper is a model analysis study (Weibull model, etc.), it is necessary to ensure the robustness of each data source to be extrapolated. In the treatment of GEP-NET with uncertainty, the validity of distributions and averages should be clarified in terms of clinical reality. Therefore, the authors should add the statistical testing (e.g., P-values) and variances of the selected sources to Table 2 or 3. Reproduction of the study should be guaranteed to future researchers. The sensitivity analyses are a tool to verify the validity of the combination of indicators, and we cannot guarantee the robustness of the source data itself. 2. This study was not guided by CHEERS (health economic study). According to the statement, the content of each check item is desired to be made public. In view of the above, the authors are encouraged to provide a checklist of CHEERS whenever possible. In particular, in cost-effectiveness assessments, additional efficacy must be proven across comparative technologies (according to guidelines for multiple health economic assessments). Therefore, the statistical significance of the selected data should be explained by focusing on the "11 items: effect measurement". 3. The analysis of health care costs in this study was calculated from the official unit price of the healthcare payer and the frequency (quantity)

of various interventions. As an analysis from a social standpoint, it is reasonable to use the official unit price. On the other hand, the explanation of the rationale for the frequency of intervention, which corresponds to the consumption of medical resources, is somewhat vague. The authors should further explain the baseline and reimburse system background for this number of times that they perform the sensitivity analyses. Minor comments. 4. The authors should further explain why chose the Weibull model. If the present study evaluates the validity by the "Weibull probability paper plot" or others, those results should be shown. Also, the conditions used for the base case analysis (such as 4-week cycle length) should be explained in more detail. 5. The authors should widely collect and reflect similar research information (eg, papers below: some adverse events associated with treatment of the gastrointestinal system). Further explanation of data collection methods (survey and selection criteria) is desired. - 177Lu-DOTATATE peptide receptor radionuclide therapy versus Everolimus in advanced pancreatic neuroendocrine tumors: a systematic review and meta-analysis. Nucl Med Commun. 2019 Dec;40(12):1195-1203.

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Reviewer's code: 03711713

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Research Scientist

Reviewer's Country/Territory: Netherlands

Author's Country/Territory: Switzerland

Manuscript submission date: 2020-07-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-07-08 12:38

Reviewer performed review: 2020-07-28 13:34

Review time: 20 Days

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Authors,   The article is a profound study. Here are the questions/comments: 1. You take into account serious adverse events, grade 3-4, however did you consider long-term toxicity, e.g. leukemia? Bergsma et al. published some incidence data on this topic. Since it also affects the quality of life, please mention this (Why/Why not) in the discussion section. 2. Your three-state partitioned survival model enables extrapolation of clinical data beyond the time frame of clinical studies. What was the time frame of extrapolation? (e.g. time outside clinical studies timeframe) and what is the time period covered by clinical studies?   3. Why did you choose the Netter-1 study? there are studies which cover a larger clinical time period.