

December 3, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6841-edited.doc).

**Title:** Laparoscopic Resection of Pancreatic Neuroendocrine Tumors

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 6841

Please note that this is an invited review (ID: 02550913)

We thank you and the reviewers for the thoughtful critique of our manuscript. We have addressed each of the specific comments (see below) and have amended the manuscript appropriately. We believe that the revised manuscript is improved compared to the original version and we hope that you will now find it suitable for publication.

**Reviewer #1:**

*1. The current illustrations about laparoscopic procedures for PNETs are understandable. However, I recommend that authors add some image findings during operation or histological findings.*

**Response:** We thank you for your suggestion. We have added an image demonstrating intra-operative ultrasound findings during laparoscopic distal pancreatectomy performed at our institution for an insulinoma of the pancreatic tail (Page 19). Due to the fact that our review does not discuss histological findings of these tumors, we do not think such an image will be appropriate. In addition, due to the fact that frequently the gross intra-operative appearance of the pancreas does not clearly reveal the tumor,

we believe that illustrations showing these findings will be more understandable to the reader than pictures from the operation.

**Reviewer #2:**

1. *Page 2: I do not like "curative modality", should be changed to "best curative option".*

**Response:** The text has been modified as suggested. (Page 2)

2. *Page 5, line 1: would remove "where they are most commonly located". It seems superfluous.*

**Response:** We respectfully accept this modification and agree with your comment. (Page 5)

3. *PAGE 5: it should be better if the part concerning the division between anatomical and functional techniques is removed.*

**Response:** We thank you for this comment. The division was removed as requested. (Page 5)

4. *Page 6, line 4-7: Sensitivity of 95-94 % for CT and MRI seems too elevated. According to Enets guidelines and reviews, traditional imaging sensitivity is about 10-50%.*

**Response:** This is an extremely valid point and we thank you for bringing it to our attention. We repeated our literature review concerning this point and altered the text accordingly. (Page 6)

5. *Page 6 line 25: FDG PET is a questionable tool in neuroendocrine tumors: the author can let just a mention only after gallium PET and octreoscan (somatostatin receptors scintigraphy) .*

**Response:** We are in complete agreement with your comment that FDG PET is a questionable tool, and therefore the text was corrected to mention it after octreotide scan and gallium PET. (Page 7)

6. *Page 27 6-7 lines: it would be helpful to remember that in the case of insulinomas, diagnostic performances of octreoscan and Ga PET are reduced because insulinomas may not express receptors for somatostatin.*

**Response:** We appreciate this additional note, a sentence was added to address this. (Page 7)

7. *Page 14, line 4-5: it should be advisable that the authors specify that the indication for surgery depends on the size and speed of growth.*

**Response:** Thank you for this comment. These indications for surgery were added to the text. (Page 14)

8. *Page 14 Line 7: "in several centers worldwide ... " in which ones ? bibliographic references should be added.*

**Response:** Appropriate references have been added. (Page 14)

9. *It would also be advisable to insert a paragraph concerning the importance of getting a good control of symptoms before surgical intervention.*

**Response:** We appreciate this suggestion and have added such a paragraph. (Pages 9-10)

10. *Finally it would be interesting to know if there was a difference between the two techniques in the number of lymph nodes removed.*

**Response:** This was one of the points we actively searched for in our literature review, however, to the best of our knowledge, information in the

literature on the number of lymph nodes excised during laparoscopic excision of PNETS is not available.

**Administrator Requests:**

1. Please provide author contributions.
2. Combine with figures 1-5, and provide one total legend for each figure that contains all the pertinent information.

**Response:** A section of author contributions has been added (Page 1), and the figures have been combined (Page 18).

We hope that you find this revised version suitable for publication in the *World Journal of Gastroenterology*.

Please do not hesitate to contact us with any further questions.

Sincerely yours,

Haggi Mazeh, M.D.

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