

### PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 72437

**Title:** Rectal neuroendocrine tumors: current advances in management, treatment, and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00048221

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-10-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-21 14:32

Reviewer performed review: 2021-10-21 15:46

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ Y] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

First of all, it's a great honor to receive the invitation. This article describes the research progress of rectal neuroendocrine tumors in recent years from the aspects of epidemiology, diagnosis and treatment. Especially in the treatment part, it explains the diversity of treatment of rectal neuroendocrine tumors from the perspectives of endoscopy, surgery and medical treatment. Here are some of my suggestions: 1. Since the treatment of advanced rectal neuroendocrine tumors or rectal neuroendocrine tumors with distant metastasis is mentioned later, imaging diagnosis and other related contents (CT, MRI, PET-CT, etc.) should be added to the previous diagnosis part. For intermediate and advanced tumors, imaging diagnosis is particularly important. 2. The final summary should not only repeat the problems mentioned above, but also put forward new ideas and comments on the next research of the disease clock, so as to sublimate the whole article. 3. It is noted that your manuscript needs careful editing by someone with expertise in technical English editing paying particular attention to English grammar, spelling, and sentence structure so that the goals and results of the study are clear to the reader.



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Peer-review model: Single blind

Reviewer's code: 03882145

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Italy

Manuscript submission date: 2021-10-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-08 00:55

Reviewer performed review: 2021-11-09 08:05

**Review time:** 1 Day and 7 Hours

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 [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

The authors provide a systematic analysis of the current status of rectal Neuroendocrine tumors (NETs). While the manuscript is comprehensive and clear, some points should be 1. The authors provided risk factors for metastasis, progression and addressed. recurrence. However, they did not provide risk factors on which population may be at risk for rectal NETs and therefore surveillance. I suggest adding a paragraph on the baseline risk factors for rectal NETs as there have been several large-scale studies on the subject (Ko et al, Surg Endosc. 2017 Oct;31(10):3864-3871, Pyo et al, J Gastroenterol. 2016 Dec;51(12):1112-1121). 2. Suspicion of rectal NETs before resection are important on the clinical decision making of how to treat them. It has been reported that patients whose rectal NETs were diagnosed or suspected as NETs before resection showed a much higher complete resection rate than those whose tumors were resected as polyps and then diagnosed (Moon et al, Am J Gastroenterol. 2016 Sep;111(9):1276-85). As this is clinically very important, please consider adding this. 3. Though the authors submitted an English editing Certificate, there are still some areas in the manuscript which are awkward. Please have the English grammar and context looked at again.



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Peer-review model: Single blind

Reviewer's code: 03883897

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2021-10-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-08 16:57

Reviewer performed review: 2021-11-09 17:14

Review time: 1 Day

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [Y] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ Y] Rejection</li> </ul>
Re-review	[ ]Yes [Y]No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

In recent years, the number of patients with NETs has been increasing, but there is not much knowledge about rectal NETs. While this reviewer believes that the authors summarized the latest findings on rectal NET, some points should be addressed prior to publication. In particular, I think terminology issues need to be correct. Major comments: 1) Although the authors use the term NEN frequently, the WHO defines NEN as a term consisting of NETs, which are well differentiated, and NECs, which are poorly differentiated. Since NETs and NECs are often considered separately in clinical practice, the authors need to be aware of this in their structure. Minor comments: 1) In CLINICAL PRESENTATION AND ENDOSCOPIC APPEARANCE section (Page 2, Line 11-12), authors described rectal NETs as arising from the submucosal layer, however, rectal NENs are epithelial neoplasms, not submucosal neoplasms. 2) This reviewer believes that the TEM section (Page 12, Line 3- Page13, Line 2) is difficult to understand the content. Since the selection criteria for TEM are not clearly defined, it would be easier to understand the content if the advantages, disadvantages, and controversial points are described separately.



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Reviewer's code: 05928732

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2021-10-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-11 22:53

Reviewer performed review: 2021-11-19 08:51

Review time: 7 Days and 9 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 [ ] Grade B: Minor language polishing [ Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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Re-review	[Y]Yes []No



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

#### SPECIFIC COMMENTS TO AUTHORS

The authors report rectal neuroendocrine tumors. The report has a very important aspect and is interesting, however, there are the following concerns: Major comments The manuscript is written in great detail, but that is why it is hard to focus. The novelty and purpose of this manuscript are difficult to find. For a systematic review, there seems to be a bias in the selection of papers. Minor comments #1 The submission rules of World Journal of Gastroenterology need to be followed. #2 It is necessary to review whether the article citations are appropriate. #3 In the paragraph of risk factors for metastases, progression, recurrence, these aspects are confusing including Table 1. #4 In 'LOCALIZEDDISEASE', the expression of 'thanks to' is too friendly. #5 Figure 4 needs to explain the procedure and legend in more detail for readers to understand. #5 In case that Figure 5 is citation, the citation needs to be specified in the legend. In addition, the permission of posting need to be confirmed.