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## PEER-REVIEW REPORT

<b>Name of journal:</b> World	Journal of Gastrointestinal	Surgery
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Manuscript NO: 73087

Title: Recent advances in diagnosis and treatment of gastroenteropancreatic

neuroendocrine neoplasms

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05072280 Position: Associate Editor Academic degree: MD, PhD Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Germany

Manuscript submission date: 2021-11-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-17 16:45

Reviewer performed review: 2021-11-24 14:53

**Review time:** 6 Days and 22 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] 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	[ ]Yes [Y]No



# Baishideng **Publishing**

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Peer-reviewer

Peer-Review: [Y] Anonymous [ ] Onymous

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

### SPECIFIC COMMENTS TO AUTHORS

In this review, the authors summarize the latest research progress on diagnosis and treatment of GEP-NENs, including improved grading, specific genetic mutations, broad application of peptide receptor radionuclide therapy and functional imaging. These provide good clinical guidance for this area. For the benefit of reader, however, several points need clarifying and certain statements require further justification. There are given below. Major Points: 1. Features of GEP-NENs under the endoscope are not described in the section '3. Endoscopy, ultrasonography and ...', and these are important 2. In the section '4. The Histopathogical ... ', the authors for clinical diagnosis. emphasize the important role of CgA and Ki67, while the expression of CK8/18, Cyn and SSTR2 is also very important and should be summarized. Minor points: Should line 42 of the abstract be well differentiated grade 3?



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Name of journal: World	Iournal of Gas	strointestinal Surgery
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Manuscript NO: 73087

Title: Recent advances in diagnosis and treatment of gastroenteropancreatic

neuroendocrine neoplasms

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02542351 Position: Editorial Board Academic degree: MD

**Professional title:** Associate Professor

Reviewer's Country/Territory: Mexico

Author's Country/Territory: Germany

Manuscript submission date: 2021-11-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-02 16:07

**Reviewer performed review:** 2021-12-02 17:25

Review time: 1 Hour

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	[ ]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

This is a nicely written review on gastroenteric neuroendocrine neoplasm. The authors aimed at summarizing current knowledge. 1Currently the manuscript offer a rather shallow overview on the topic. It is such an extense topic that I would recommend to pick a specific subject and develop it better, either diangnostic and therapeutic advances. Also consider to discuss separately functioning and non functioning NEN, since clinical suspicion, diagnostic approach and treatment are different. 2The manuscript would benefit form actual radiology images. 3 When discussion the use of CgA, I would recommend to develop on what are the causes of false positive results and how to avoid them. Also how and when to interpret and use CgA according to the function/non function status of the neoplasm. what is its role in assessing NEN/carcinoid like symptoms in a patient with no evident neoplasm. 4. Regarding PET studies it is mentioned that the right substance should be selected. Please develop when to use DOTA TOC, NOC and TATA.