



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 79099

**Title:** Is lymphatic invasion of microrectal neuroendocrine tumors an incidental event?:  
A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 06125275

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Research Assistant Professor

**Reviewer’s Country/Territory:** Algeria

**Author’s Country/Territory:** China

**Manuscript submission date:** 2022-08-30

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-11-03 16:45

**Reviewer performed review:** 2022-11-04 08:34

**Review time:** 15 Hours

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| <b>Scientific quality</b>                          | <input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish |
| <b>Novelty of this manuscript</b>                  | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No novelty  |
| <b>Creativity or innovation of this manuscript</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No creativity or innovation   |



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| <b>Scientific significance of the conclusion in this manuscript</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No scientific significance  |
| <b>Language quality</b>   | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>   | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection          |
| <b>Re-review</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Peer-reviewer statements</b>                                     | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous  |
|   | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

**SPECIFIC COMMENTS TO AUTHORS**

Question 1: Have you performed a low US-endoscopy for the precision of the depth of the invasion (despite the small size of the lesion) before to opted of a salvage endoscopic resection? Question 2: What was the decision of the oncologic team of your multidisciplinary consultation meeting in oncology of an eventual systemic treatment in fact of this lympho-vascular invasion? Question 3 and commentary: In lines 108 and 109. How to distinguish between lymphatic and vascular invasion in HIC? Because I studied the question in breast cancer for example, it is impossible to distinguish between the two situations. That the scientific community decided to gather them to the same entity. In the end, please precise the rhythm of your follow up in the next 10 years. By what tools only screening evaluation? Do will use the blood test of chromogranine A? Can you translate the reference cites in lines 192-193 in english?



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**Peer-review model:** Single blind

**Reviewer's code:** 00058381

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** Austria

**Author's Country/Territory:** China

**Manuscript submission date:** 2022-08-30

**Reviewer chosen by:** Dong-Mei Wang

**Reviewer accepted review:** 2022-11-18 04:49

**Reviewer performed review:** 2022-11-18 11:34

**Review time:** 6 Hours

|  |  |
|--|--|
| <b>Scientific quality</b>                          | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish |
| <b>Novelty of this manuscript</b>                  | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No novelty  |
| <b>Creativity or innovation of this manuscript</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No creativity or innovation   |



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|---|---|
| <b>Scientific significance of the conclusion in this manuscript</b> | <input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No scientific significance   |
| <b>Language quality</b>   | <input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing<br><input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>   | <input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority)<br><input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection             |
| <b>Re-review</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>Peer-reviewer statements</b>                                     | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous   |
|   | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

**SPECIFIC COMMENTS TO AUTHORS**

Main Comments: (1) Presenting the course of a single patient, this manuscript allows only limited conclusions. (2) The follow-up period is short. (3) "follow-up observation was conducted" - please specify the examinations you used for the follow-up. (4) The significance of lymphatic invasion in small neuroendocrine tumors is a burning question that cannot be solved by a case report; however, the description of this patient may be seen as an example highlighting the issue. Additional Comments/Suggestions: (5) Lines 77-79: "To clarify whether additional surgery was required, further improvement of 68Gallium labeled somatostatin analogues- positron emission tomography (68Ga-SSA-PET)/CT showed no abnormalities" -> To clarify whether additional surgery was required, further assessment by 68Gallium labeled somatostatin analogues-positron emission tomography (68Ga-SSA-PET)/CT showed no abnormalities. (6) Lines 98-99: "In contrast, tiny rNETs <5 mm had a lower incidence of LVI than rNETs with a tumor size of 5-10 mm (13)" -> In addition, tiny rNETs <5 mm had a lower incidence of LVI than rNETs with a tumor size of 5-10 mm (13). (7) Reference 8 should be given in English. (8) Line 165: "Ethical Statement: Ethical Statement: The authors are..." ->



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Ethical Statement: The authors are...