



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 79985

Title: Endoscopic treatment and management of rectal neuroendocrine tumors less than 10 mm in diameter

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06109343

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2022-09-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-04 22:58

Reviewer performed review: 2022-10-14 12:21

Review time: 9 Days and 13 Hours

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 Grade E: Do not publish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



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Peer-reviewer statements	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

Comments • The review article is too long, and many of the data with the same meaning are repeated. It should be shortened. • As there are many lines of treatment, there should be some algorithms summarizing different lines of management. There should be some tables comparing the different endoscopic and surgical techniques regarding efficacy, advantages and complications. • Although the manuscript is concerning about rNET <10 mm, there should be a brief reporting of rNET >10mm.



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Reviewer's code: 05461735

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

Manuscript submission date: 2022-09-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-15 00:36

Reviewer performed review: 2022-10-21 00:50

Review time: 6 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Peer-reviewer statements	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

This is a review of the endoscopic treatment of small rectal NETS. The manuscript is too superficial on this topic and is like an overview of treatment more than an in-depth review. I have major comments as follows. -I noticed that the authors cited Ref 14 many times in nearly every section of this review; however, Ref 14 is a review published in 2016. For the critical content, it may be more suitable to cite the original studies, not another old review article. -Many wording in this manuscript is not the standard, i.e., “Endoloop” (I think the authors meant snare) and “in situ resection.” It is very difficult to read this manuscript, although the readers are in this field. -The authors should focus on the endoscopic treatment of rectal NETs. The review on this topic is too superficial. They should make a table comparing each endoscopic resection technique from studies. -The authors should provide the WHO grades for NET in a table. -The sentence “However, no significant difference between tumors measuring 1 to 2 cm and those measuring larger than 2 cm in diameter, respectively, has been found in the prediction of rNET prognosis.” on Line 81-83 maybe not be true. What is your reference and supporting evidence? -The sentence “Typical endoscopic rNETs also have a higher risk of lymph node involvement.” on Line 102 is confusing. What does it mean? -The sentence “A study has shown that rNETs less than 5 mm in diameter usually do not invade the muscularis propria and thus are suitable for endoscopy; meanwhile, those greater than 5 mm in diameter or with irregular features require EUS to determine the depth of invasion and LVI.” on Line 131-133 are needed reference to support. Is that from Ref 14? (Too many citations from this old review article) -In the imaging section, the authors should conclude how to select the patients to perform MRI. There was no



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conclusion from the manuscript. -The en bloc resection is not equal to R0 resection. The authors should revise the sentences on Lines 154-156 and cite a reference. -The approach during the first endoscopy procedure section was not concluded. The authors should conclude when to cut during the first endoscopy. This section is very confusing. -The sentences "Transanal resection of rNETs removes the tumor body at a higher position and ensures a deep removal in the muscularis mucosa. However, the risk of transabdominal rectal resection, i.e., rectal anterior resection, when treating rNET less than 10 mm in diameter is greater than the benefit. Thus, adequate in situ resection of rNETs is more appropriate." on Lines 181-185 are not understandable. Please revise the sentences. -In the conclusion, the sentences "With the continuous innovation and development of endoscopic technology, we look forward to more surgical procedures to ensure complete resection of these tumors and reduce the occurrence of complications. Multicenter, large-sample studies should be carried out to provide sufficient evidence for the selection of the best surgical procedure." maybe not be accurate. If the authors reviewed the studies, they would know that current endoscopic treatment modalities are great in the experts' hands with a high curative rate. Overall, the quality of this review has not met the standard and should be improved. The authors should focus more on the endoscopic treatment of rectal NETs as the title. I hope to read a better version of the review



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Thailand

Author's Country/Territory: China

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Reviewer chosen by: Ji-Hong Liu

Reviewer accepted review: 2022-11-23 07:38

Reviewer performed review: 2022-11-24 12:21

Review time: 1 Day and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

After I read the revised manuscript, I suggest further revision for the critical points as follows. -On Page 5, the sentences "However, no significant difference between tumors measuring 1 to 2 cm and those measuring larger than 2 cm in diameter, respectively, has been found in the prediction of rNET prognosis" are wrong. Please remove them. -The authors added Table 2 about WHO classification, but there is no citation of this table in the manuscript. -Transanal excision can be performed only on tumors within 8 cm from the anal verge; therefore, the sentences "Transanal resection of rNETs removes the tumor at a higher position and ensures a deep removal in the muscularis mucosa." On Page 9 are wrong. -How many percent of patients who underwent TEM had fecal incontinence? TEM is a viable option from the guideline. You should remove false recommendations in this section. -The authors should replace "half-moon shape snare" with "crescent snare." It is the standard term. -The authors should provide the percentage of R0 resection and complication of every modality from the literature and summarize in the table. -On page 13, the sentences "Combined with preoperative evaluation, some scholars recommend that rNETs less than 5 mm in diameter and without irregular characteristics should be treated with modified EMR or ESD. EUS and MRI should be completed prior to ESD or surgery in cases of rNETs with irregular characteristics or measuring 5 mm to 2 cm in diameter to assess whether the lesion invades the muscularis propria or regional lymph nodes. MRI and CT or functional imaging should be completed to evaluate the presence of distant metastasis in cases with infiltration of the muscularis propria or local lymph node metastasis. Hepatic or systemic treatment should be performed if the lesion has metastasized to a distant location. Surgical treatment should be performed if the lesion has no distant metastasis"



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should be cited. If there were the authors' opinions, I think they are wrong. -The overall manuscript is very redundant and hard to read. Please make it concise and remove the repetition parts.