

Dear reviewer

Thank you very much for your comments and professional advice. These opinions help to improve academic rigor of our article. Based on your suggestion and request, we have made corrected modifications on the revised manuscript. We hope that our work can be improved again. Furthermore, we would like to show the details as follows:

Reviewer # 1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: the patient apparently has pernicious anemia; what about b12 therapy? Also a review of the type 1 G- NEN without visible lesions under an endoscope would be highly interesting.

Response: The patient suffers from pernicious anemia and has been receiving oral vitamin B12 and folic acid treatment since the diagnosis was confirmed upon admission. As this article focuses on the discovery of neuroendocrine tumors, there is no mention of treatment for anemia in the article, and the missing content in this section has been added. Through PubMed search, there have been few reports of this type of microcarcinoma. Even in cases of gastric microneuroendocrine tumors, they are still visible under endoscopy as micro protruding nodules with a diameter of approximately 1-2mm, which illustrates the uniqueness of this case. I believe that with more clinical experience accumulation, there will be a better understanding of the characteristics of gastric microneuroendocrine tumors.

Reviewer # 2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade A (Priority publishing)

Conclusion: Rejection

Specific Comments to Authors: I have reviewed this manuscript for the World Journal of Gastrointestinal Endoscopy in August 2023. It is now submitted to the World Journal of Gastroenterology. My comments and suggestions made in August 2023 were only incompletely addressed (e.g., I have written that the Abstract and the Core Tip should not contain exactly the same text, but this has not been changed). Moreover, this paper might be more appropriate for a journal focusing on case reports.

Response: Thank you for reviewing again. Currently, all the issues you have raised have been resolved.

Round 2

The authors have revised their manuscript; they have rewritten some passages including the abstract. Comments/Suggestions: (1) Abstract, laboratory parameters: Values that are not directly related to the subject of this case report should not be part of the abstract. (2) Abstract, results of the pathological examination: The same tense should be used consistently ("display" -> displayed, "shows" -> showed, "show" -> showed). (3) Abstract, immunohistochemical examination: "Immunohistochemical examination showed that Syn (+), CgA (+), and Ki-67 (+, approximately 1%) had larger curvature in the gastric body, which is consistent with neuroendocrine tumors (grade 1)." -> Immunohistochemical examination showed that the greater curvature of the gastric body was Syn (+), CgA (+), and Ki-67 (+, approximately 1%), which is consistent with neuroendocrine tumors (grade 1). (4) Introduction, last two sentences: "Gastroscopy showed that the gastric body and fundus mucosa were thinned, red, and white (but mainly white). The submucosal vascular network was transparent, and the gastric antrum mucosa was normal." – This should not be part of the "Introduction"; please delete this passage here (it is contained in the section "Further diagnostic work-up"). (5) Treatment: "After being diagnosed upon admission, they have been taking oral vitamin B12 and folic acid, and have undergone..." -> After being diagnosed upon admission, she has been taking oral vitamin B12 and folic acid, and has undergone... (6) Further diagnostic workup, last sentence: "Immunohistochemical examination revealed that the greater curvature of the gastric body was Syn (+), CgA (+), and Ki-67 (+, about 1%), which were consistent with neuroendocrine tumors (Grade 1)." -> Immunohistochemical examination revealed that the greater curvature of the gastric body was Syn (+), CgA (+), and Ki-67 (+, about 1%), which is consistent with neuroendocrine tumors (Grade 1). (7) Outcome and follow-up: "Regular gastroscopy and biopsy should be performed every one to two years to monitor G-NENs." – Please delete this repetition.

Reply:

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CASE SUMMARY

A 67-year-old female patient with appetite loss for more than half a year and personal history of hyperthyroidism was admitted to our hospital. After admission, a random multi-point biopsy was performed on the gastric body, fundus, angle, and antrum through gastroscopy. Pathological examination showed chronic severe atrophic gastritis in the fundus and body of the stomach. The small curvature of the gastric body, the anterior wall of the gastric body, and the posterior wall of the gastric body displayed proliferation of intestinal chromaffin cells. The curvature of the gastric body showed neuroendocrine

tumor G1 (carcinoid), while the antrum and angle of the stomach showed mild atrophic gastritis with mild intestinal metaplasia. Immunohistochemical examination showed that the greater curvature of the gastric body was Syn (+), CgA (+), and Ki-67 (+, approximately 1%), which is consistent with neuroendocrine tumors (grade 1). Regular gastroscopy and biopsy should be performed every one to two years to monitor G-NENs.

TREATMENT

Regular gastroscopy and biopsy should be performed every one to two years to monitor G-NENs. The patient also suffers from pernicious anemia. After being diagnosed upon admission, she has been taking oral vitamin B12 and folic acid, and have undergone regular blood routine check ups.

Table1 Classification of gastric neuroendocrine neoplasms(g-NENs) on the basis of the 2016 European Neuroendocrine Tumor Society (ENETS) guidelines

	Type1	Type2	Type3
Proportion among g-NENs,%	70-80	5-6	14-25
Tumor characteristics	Often small (<1-2 cm),multiple in 65% of cases,polypoid in 78% of cases	often small (<1-2 cm)and multiple, polypoid	unique, often large (>2 cm) polypoid and ulcerated
Associated conditions	Atrophic body gastritis	gastrinoma/MEN-1	None
Pathology	NET G1-G2	NET G1-G2	NEC G3
Serum gastrin levels	↑	↑	normal
Gastric pH	↑ ↑	↓ ↓	normal
Metastases, %	2-5	10-30	50-100
Tumor-related deaths, %	0	<10	25-30