PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 90387

Title: Clinical Features and Prognostic Factors of Duodenal Neuroendocrine Tumours: A Comparative Study of Ampullary and Nonampullary Regions

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05630677

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Iran

Author's Country/Territory: China

Manuscript submission date: 2023-12-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-04 11:02

Reviewer performed review: 2023-12-13 06:20

Review time: 8 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Sa Fang et al., I have reviewed your article titled "Clinical features and prognostic factors of neuroendocrine tumours in the ampullary and nonampullary of the duodenum" and I have some suggestions for major revisions. Here are the areas that need attention: Title: The title could be more precise. Consider revising it to "Clinical Features and Prognostic Factors of Duodenal Neuroendocrine Tumours: A Comparative Study of Ampullary and Nonampullary Regions". Abstract: Background: The background section could benefit from more context about why the study of DNETs is important. Aim: The verb "analysed" should be "analyze". The correct sentence should be "To analyze the clinical characteristics and prognostic factors of patients with duodenal neuroendocrine tumours." Conclusion: The conclusion could be strengthened by summarizing the key findings more clearly. Also, consider discussing the implications of your findings for future research or clinical practice. Keywords: The keyword "Nonampullary region group" could be simplified to "Nonampullary region". Introduction: Paragraph 1: Please provide more references for the statement "The vater ampulla is composed of a common channel of the common bile duct, pancreatic duct,

and duodenal papilla, which is the intersection of the intestinal, pancreatic, and biliary epithelium." Paragraph 2: The sentence "The standard histological classification and grading standards for tumours released by the WHO in 2019[7] classify DNETs into two categories: NETs and NECs." could be rephrased for clarity. Consider "According to the WHO's 2019 histological classification and grading standards for tumours[7], DNETs are classified into two categories: NETs and NECs." Paragraph 3: The statement "Ninety percent of DNETs are nonfunctional neuroendocrine tumours, with only a few exhibiting functional DNETs." could use a better reference for the percentage mentioned. Paragraph 4: The sentence "It is recommended to improve imaging examination and fully evaluate risk factors through endoscopic ultrasonography before making a definitive choice[14]." could be more specific. What kind of improvements are suggested? Materials and Methods: Inclusion and Exclusion Criteria: The criteria for inclusion and exclusion are clear. However, it would be helpful to provide more details about the "China Anti-Cancer Association guidelines for the diagnosis and treatment of neuroendocrine neoplasms (2022 Edition)" that you used for diagnosis. Data Collection: The data collection process is well-described. However, it would be beneficial to provide more information about the process of endoscopy and imaging data collection. Survival Status Follow-up: The follow-up method is clear. However, it would be beneficial to provide more details about the process and any challenges encountered during the follow-up. Results: Clinical Data Characteristics: The presentation of clinical data characteristics is clear. However, consider providing more context about the significance of these findings. Comparison of Clinical Features: The comparison of clinical features between the ampullary region group and nonampullary region group is well presented. However, it would be helpful to discuss the implications of these differences. Discussion: Differences between Ampullary and Nonampullary DNETs: The discussion of the differences between ampullary and nonampullary DNETs is clear. However, consider

discussing the implications of these differences for patient care and treatment. Please consider these revisions to improve the clarity and impact of your article. I look forward to seeing the revised manuscript. Best regards, Reviewer

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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 [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [ ] Anonymous [Y] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

I have carefully reviewed the revisions made to the article, and I am pleased to inform that they are acceptable. I believe the article is now ready for publication in its current form.