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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 25569
Title: Management of gastric and duodenal neuroendocrine tumors
Reviewer's code: 02567522
Reviewer's country: United Kingdom
Science editor: Ze-Mao Gong
Date sent for review: 2016-03-16 19:19
Date reviewed: 2016-03-29 23:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This article is easy to read. The short title describes it as a review of the management of gastric and duodenal NETs. However, it is not just a review; it is also a personal opinion of the authors on the endoscopic management of those tumours. The full title should reflect the fact that it is a review and personal opinion. As such, there's nothing new in the review content of the article. There are several other similar reviews in recent literature. However, the authors' experience should be useful to gastroenterologists and endoscopists in general, who are likely to see such patients. There's mention neither of recent literature on the prevalence of gastric NETs (Scand J of Gastroenterol 2015; 50: 550–559) nor the potential use of a gastrin/CCK2 receptor antagonist in the treatment of type 1 gastric NETs, which are gastrin-driven (Aliment Pharmacol Ther 2012; 36: 1067–1075; and PlosOne 2013; 8: e76462).

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Points for consideration: 1. Section on pathology of the tumors should be included with particular role of staining of the neuroendocrine cell with chromogranin A and other markers. . Pathological classification of these tumors and neuroendocrine hyperplasia (for type **1** net) has been well developed and needs mention. 2. Drug therapy with Octreotide LAR for gastric neuroendocrine tumor type 1 has been well studied. Paper gives no mention of that. 3. Antrectomy is an option for recurrent gastric type 1 tumors. Authors do mention it but lacks critical evaluation and references. Authors should consider these points to make this review broad based and valuable.

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ESPS PEER-REVIEW REPORT

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a helpful review of endoscopic aspects of the management of gastric and duodenal NETs. Specific comments: 1. Abstract paragraph 2 and page 9 – chemotherapy should only be considered for high grade type III G-NETs, not those (albeit rare) type III G-NETs that are grade 1. 2. Introduction, page 4, line 2: the cell of origin of NETs in not known. The tumors may arise from gastrointestinal stem cells and then undergo neuroendocrine differentiation rather than arising from neuroendocrine cells per se. This statement should therefore be altered slightly to reflect that uncertainty. 3. Page 7, last paragraph of 'Classification and clinical features' section: I suggest pointing out that not all type III G-NETs with liver metastasis cause carcinoid syndrome. This is still a rare presentation as most G-NETs are not serotonin secreting. 4. Page 9: 68Ga-DOTANOC-PET or similar scans are a more sensitive alternative to octreoscan. 5. Page 9-10: type I G-NETs: (a) Very small G1 type I G-NETs (especially <5mm) are probably best managed by surveillance particularly if the patient is elderly or has co-morbidities. This is currently not made clear. Endoscopic treatment in this setting is unlikely to be necessary, especially as the hypergastrinemia persists. (b) In view of the good prognosis of type I G-NETs whatever treatment is given, the statement that ESD is

'recommended' is not in my opinion warranted. There is no evidence to support this. Resection success rates may be better but overall patient survival may not be altered. (c) There are other medical options for type I G-NETs that are not commonly used but are probably worth mentioning. These include somatostatin analogues and CCK2 receptor antagonists (the latter is still experimental though). 6. Page 16, treatment of D-NETs: In some patients such as the elderly or those with co-morbidities who have small (<1cm) grade 1 duodenal NETs, is endoscopic surveillance a reasonable option? If so should this be reflected in Fig 3? 7. Page 17, line 3: change surgically to surgical. 8. Table 2: Patients with type I G-NETs have low acid secretion hence HIGH gastric pH, whereas type II gastric NETs have high acid secretion and LOW gastric pH. Please correct.

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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
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		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This article deserves for publication, but in the treatment of gastroduodenal gastrinomas articles they cited articles only from NIH group in USA. So I recommended authors to reade articles published from EU surgeons and Japanese surgeons. should cite two important articles published in this Jouranal from Japan, that is, Imamura M. Recent standardization of treatment strategy for pancreatic neuroendocrine tumors. World J Gastroenterol 2010;16:4519—4525 Imamura M, Komoto I, Ota S, Hiratsuka T, Kosugi M, Doi R, Awane M, Inoue N. Biochemical curative surgery for gastrinoma in multiple endocrine neoplasia type-1 patients. World J Gastroentrol 2011;17: 1343-1353 Their results different similar to EU experiences recommend the resection of duodenal gastrinomas either by Whipple operation or by duodenectomy with lymphnode dissection to achieve cure of gastrinoma in more than 80% of MEN1 with ZES in 16 patients.Besides they whowed that curative lymphadenectomy is possible because the positive nodes are less than 3 in most cases, and in about half of them negastive. Additionally a few articles are written below to make this review manuscript better by reading them carefully. Bartsh DK, et al. Pancreaticoduodenal endocrine tumors in MEN 1: surgery or surveillance? Surgery 2000;128:958-66. Barrtsh DK, Fenderich V, et al. Outcome

of PD in patients with MEN 1. Ann Surg. 2005;242:757-66. Lairmore TC, Chen VY, et al. Diodenopancreatic resections in patients with MEN1. Ann Surg 2000; 231:909-18. Imamura M, Kanda M, Soga J, et al. Clinicopathological characteristics of duodenal gastrinomas. World J Surgery 1992;16:703-10. Giblril F, Venson DJ et al. Prospective study of natural history of gastrinoma in patients with MEN 1. J Clin Endocrinol Metab. 2001;86:5282-93. in which thet observed 57 cases and three died of disease and liver mets of gastrinoma took place about 23% of cases during 8 years. What is your opinion about these results.