



## PEER-REVIEW REPORT

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

**Manuscript NO:** 54184

**Title:** Comprehensive treatment of rare multiple endocrine neoplasia type 1: A case report

**Reviewer's code:** 02544259

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2020-01-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-01-14 07:19

**Reviewer performed review:** 2020-01-14 07:30

**Review time:** 1 Hour

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 Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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



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#### **SPECIFIC COMMENTS TO AUTHORS**

Your manuscript is excellent. Keep on studying about this disease.



## PEER-REVIEW REPORT

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

**Manuscript NO:** 54184

**Title:** Comprehensive treatment of rare multiple endocrine neoplasia type 1: A case report

**Reviewer's code:** 02468626

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

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

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

**Manuscript submission date:** 2020-01-14

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2020-03-25 09:53

**Reviewer performed review:** 2020-03-25 21:21

**Review time:** 11 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input 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



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#### **SPECIFIC COMMENTS TO AUTHORS**

The case described here is original and describes an intriguing clinical scenario. The management of these diseases is difficult and raises several clinical issues. However, the description of this case is controversial and several clarifications are needed. Main remarks 1) I suggest removing all the laboratory examinations (paragraph 2.2) from the text and presenting them in a table 2) Imaging findings are not clear. I understand from the case description that PET/CT showed a mass in in the pancreatic tail and in the liver. If so, why did you report that the patient "...underwent a pancreatic body/tail resection + pancreatic head mass resectionpancreaticoduodenectomy"? I guess that this was done after the result of intraoperative ultrasonography, but it should be explained! Moreover, I think you should call this intervention total pancreatectomy Again I am confused when reading that the surgical margins were clear at the cutting edge of pancreatic body Was this a total pancreatectomy or not? 3) Please explain why it was decided to operate the patient with such a diffuse disease (in fact surgical resection was not radical) instead of referring the patient for chemotherapy? 4) Please explain why endoscopic ultrasound was not performed to acquire tissue for pre-operative diagnosis. Patients with MEN neoplasms involving the pancreas are often managed conservatively, particularly if tissue acquisition with EUS-FNA shows well differentiated pancreatic NETs 5) Please include in the discussion a description of the important role that EUS has in this disease when the pancreas is involved 6) Some references must be added: -Tamagno G, Scherer V, Caimo A, Bergmann SR, Kann PH. Endoscopic Ultrasound Features of Multiple Endocrine Neoplasia Type 1-Related versus Sporadic Pancreatic Neuroendocrine Tumors: A Single-Center Retrospective Study. *Digestion*. 2018;98(2):112-118. -Kappelle WF, Valk GD, Leenders M, et al. Growth rate of small pancreatic neuroendocrine tumors in multiple endocrine neoplasia type 1: results from an endoscopic ultrasound based



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cohort study. *Endoscopy*. 2017;49(1):27-34. -Jenssen, C., Hocke, M., Fusaroli, P., Gilja, O.H., Buscarini, E., Havre, R.F., Ignee, A., Saftoiu, A., Vilmann, P., Burmester, E., Nolsøe, C.P., Nürnberg, D., D'Onofrio, M., Lorentzen, T., Piscaglia, F., Sidhu, P.S., Dietrich, C.F. EFSUMB Guidelines on Interventional Ultrasound (INVUS), Part IV - EUS-guided interventions: General Aspects and EUS-guided Sampling (Short Version)(2016) *Ultraschall in der Medizin*, 37 (2), pp. 157-169. -Fusaroli, P., Kypreos, D., Alma Petrini, C.A., Caletti, G. Scientific publications in endoscopic ultrasonography: Changing trends in the third millennium (2011) *Journal of Clinical Gastroenterology*, 45 (5), pp. 400-404. -Fusaroli, P., Napoleon, B., Gincul, R., Lefort, C., Palazzo, L., Palazzo, M., Kitano, M., Minaga, K., Caletti, G., Lisotti, A. The clinical impact of ultrasound contrast agents in EUS: a systematic review according to the levels of evidence (2016) *Gastrointestinal Endoscopy*, 84 (4), pp. 587-596.e10. 7) Please describe what decisions were made after discovering lung metastases and report further follow up 8) A good degree of language improvement is needed