PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 55006

Title: Active surveillance in metastasis pancreatic neuroendocrine tumor: A 20-year single-institutional experience

Reviewer's code: 05039425

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Reviewer chosen by: Jie Wang (Quit in 2020)

Reviewer accepted review: 2020-03-07 18:39

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Review time: 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Patients with liver metastases from PNET represent a reality that is difficult to manage, often because of the difficulty of performing a folow-up. The reasons are different: they often perform tests in different centers and are offered different follow-ups to follow, with the patient refusing to go to so many appointments; at other times the metastatic patient knows he does not have a long life expectancy and abandons himself refusing any help or control. Your work is a good starting point for the definition of a unique protocol for the classification of these patients. Obviously, other studies are needed, but I think your work is a useful guide. Attention: there are some misspellings in the text

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
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SPECIFIC COMMENTS TO AUTHORS

The aim of the study was to identify factors that influence prognosis of patients with pancreatic NEN with liver metastasis. The authors observed 76 patients and based on the observation of the quite heterogenic cohort they conclude that NCCN recommendation for active surveillance might be safe for metastatic disease.   Overall taking to account the aim of the study, one would expect control group with treatment and to compare the results to the group without treatment. I am not sure if selection of 76 subjects without complete comparison is sufficiently informative- this may be improved by providing data from other subjecst/subgroups.   -The language needs to be revised in particular abstract is insufficient.   -Introduction is rather simple and relative superficial. The authors do not explain why the select only one subgroup of NENs and comparison data are not provided.   -Looking at the prognostic curves it is clear that active surveillance is only an option if no other therapy is available. Over 50% of patients had a progressive disease during the first 12 months. 90.7 had a progressive disease, therefore current conclusions are not truly supported by the data especially due to missing control cohort. -Besides progression it is also important to present the overall survival data as well.   -This was a retrospective study back to 1998. How is it possible that the authors obtained any written informed consent? -The authors do not explain why only 76 patients received active surveillance. What about the remaining cohort subjects? What was the selection? What was the decision? Is there any comparison cohort/subgroup? -The authors may need to explain what is R0 resection was- only PanNET or also liver metastasis? The authors describe that the median active surveillance was 14 months. What were the factors influencing this time point? -No information is provided regarding the time point of patient's inclusion (it was 20 year study so in particular difference due to inclusion time point may be present).