



## PEER-REVIEW REPORT

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

**Manuscript NO:** 65537

**Title:** Primary hepatic neuroendocrine tumor – 18F-fluorodeoxyglucose positron emission tomography/computed tomography findings: A case report

**Reviewer's code:** 02451447

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** United States

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

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-24 19:53

**Reviewer performed review:** 2021-03-24 20:29

**Review time:** 1 Hour

<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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" 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 authors reported one primary liver NET case, which is very rare, and it is a diagnostic exclusion. NETs in the liver are mainly metastatic, sometime the primary site NET is very small or the primary NET is identified few years later after the so-called primary liver NET resection. Comments: 1. In the discussion, the authors can expand the discussion how they excluded the possibility of the liver NET was not metastasis? 2. Pathologic diagnosis is critical for this case. Although beautiful histologic pictures are seen with this paper, but there is no pathologic description in the case report, which should be added. Also the authors need to to add 2 more very common markers: CDX2 and TTF1, and if there is, Islet1 and/or PAX8 IHCs should added. Although these markers are not 100% specific, if CDX2 positive, which might more point this NET might be metastatic from small bowel or appendix. Others such as PAX8/Islet1 and TTF-1 might more point to pancreas or lung primary. In the discussion, the authors also need to discuss why pathologically this liver tumor is primary not metastatic. This discussion can be combined with my comment 1. 3. This patient was received aggressive treatment. This patient had no symptoms and the tumor growth was very slow. Why not a conservative management was given. The authors need to discuss the indication for the aggressive treatment for this patient. 4. I would suggest to give the exact numbers of the laboratory tests instead of just saying elevated (The blood serum levels of tumor markers (CEA, CA19-9, and CA12-5) were elevated).