

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21978

Title: Clinical Impact of Atypical Endoscopic Features in Rectal Neuroendocrine Tumors

Reviewer's code: 00038617

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2015-08-05 09:21

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This study was designed to validate the association between atypical endoscopic features and lymph node metastasis (LNM) of rectal neuroendocrine tumors (NETs). According to their results, tumor size and atypical surface changes were independent risk factors for LNM. Atypical endoscopic features were associated with LNM especially in rectal NETs < 10mm and 10-19 mm in diameter. Further, the rate of atypical endoscopic features was higher in non L-cell tumors. The manuscript is well written overall. However, there is a problem that should be revised, as following. Comment: In the present study, the authors defined LNM as nodes > 3mm in diameter in the perirectal area or nodes > 1cm in diameter in the pelvis. As this criteria is not common, the authors should describe sensitivity and specificity of this criteria for LNM. Further, the authors should discuss about this criteria with limitation of this study.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 21978

Title: Clinical Impact of Atypical Endoscopic Features in Rectal Neuroendocrine Tumors

Reviewer's code: 00051235

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2015-08-05 09:21

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a valuable large retrospective study that aims to provide additional information to guide the decision whether to attempt local resection of rectal carcinoids vs a radical surgical approach. It should be published following some minor revisions. 1. The authors explored the association between atypical features and immunohistochemical staining, though I wonder whether it would also be valuable to analyze the association between endoscopic appearance and other factors such as mitotic rate (Ki-67) which also provides prognostic information, if these tests were obtained. 2. The authors should comment on the role of endoscopic features in determining treatment of lesions 11-19 mm in diameter, in light of data from Gleeson et al (Gastrointest Endosc 2014) indicating that these lesions behave similarly to >20 mm lesions and their suggestion that any lesion of 11 mm or more should be further staged by EUS to help determine nodal status and depth of invasion. 3. The atypical features are shown in Figure 2 and described in Table 3, but are not explicitly described in the text of the manuscript. Adding these descriptions may be helpful for the reader, as well as a mention in the conclusions which endoscopic features are most important to consider when examining a known carcinoid (depression, etc).