

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 71397

Title: Immunotherapies for well-differentiated grade 3 gastroenteropancreatic neuroendocrine tumors: A new category in the World Health Organization classification

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03647271

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2021-09-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-16 08:16

Reviewer performed review: 2021-09-25 13:12

Review time: 9 Days and 4 Hours

Scientific quality	<input checked="" type="radio"/> Grade A: Excellent <input type="radio"/> Grade B: Very good <input type="radio"/> Grade C: Good <input type="radio"/> Grade D: Fair <input type="radio"/> Grade E: Do not publish
Language quality	<input checked="" type="radio"/> Grade A: Priority publishing <input type="radio"/> Grade B: Minor language polishing <input type="radio"/> Grade C: A great deal of language polishing <input type="radio"/> Grade D: Rejection
Conclusion	<input type="radio"/> Accept (High priority) <input checked="" type="radio"/> Accept (General priority) <input type="radio"/> Minor revision <input type="radio"/> Major revision <input type="radio"/> Rejection
Re-review	<input type="radio"/> Yes <input checked="" type="radio"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This paper is a well-written and very informative mini-review regarding immunotherapy to G3 PNET. I believe that it will be of great help to clinicians as it summarizes various clinical trials and treatments well. One thing I would like to suggest is the following: Due to the high medical cost of immunotherapy, pre-treatment evaluation including MSI-H, PDL-1 expression, and TMB are recommended to predict treatment response, therefore it would be good to describe various pre-treatment tests (NGS, IHC) for immunotherapy and predictive factors for good responder.

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Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02541859

Position: Editor-in-Chief

Academic degree: FACG, FACP, FASGE, FRCP, MD, MRCP

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-09-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-27 13:28

Reviewer performed review: 2021-09-27 18:59

Review time: 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
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SPECIFIC COMMENTS TO AUTHORS

Nevertheless, patients with G3 NETs or Ki-67 <55% (mostly well differentiated) were far less responsive to the treatment than those with NEC or Ki-67 \geq 55% (mostly poorly differentiated). The G3 NET and NEC patients had an objective response rate (ORR) of less than 17% and 35-70%, a median progression free survival (mPFS) of 2.4-4 mo and 5.0 mo and a mOS of 17 mo and 99 mo, respectively[8-10]. mOS - is it median overall survival? Please avoid abbreviations without full meaning.