

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 30061

Title: Pancreatic neuroendocrine tumor Grade 1 patients followed up without surgery: Case series

Reviewer's code: 03475354

Reviewer's country: Germany

Science editor: Xue-Mei Gong

Date sent for review: 2016-09-09 10:19

Date reviewed: 2016-09-09 13:24

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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

The manuscript by Sugimoto and colleagues reviews treatment options for G1 pancreatic neuroendocrine tumors (PNET). Thirteen patients with G1 PNET were included in this single center retrospective analysis, and eight were analyzed in detail. Obviously, this is a rather small cohort of patients, and it is very difficult to draw any clinical useful conclusion out of this. There is an ongoing debate of how to treat small (e.g. <1cm) PNETs. The present study does not add much novel information to this topic.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 30061

Title: Pancreatic neuroendocrine tumor Grade 1 patients followed up without surgery: Case series

Reviewer's code: 03077466

Reviewer's country: China

Science editor: Xue-Mei Gong

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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 type="checkbox"/> High priority for publication
<input 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"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

In this study, the authors are trying to evaluate whether it is possible to follow up a pancreatic neuroendocrine tumor (PNET) without surgery. Overall, this is a very good and valuable case series with solid experimental design. The study is novel and well written, the data are of high quality and the results support the authors' conclusion. Only three minor concerns are noted that can be easily addressed: 1. In the Abstract and Core tip, there are two severe clerical errors. The first five patients should have surgery after follow-up, but in the context, the authors addressed without surgery. 2. In the Discussion part, even though the authors have reviewed the risk factors for NETs to follow up without surgery, I am wondering whether the authors could address some specific risk factors for NET G1 to follow up without surgery, or provide some thoughts about what kind of NET G1 patients could be followed up without surgery. 3. The images of figure 2 and 3 should have calibration bars.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 30061

Title: Pancreatic neuroendocrine tumor Grade 1 patients followed up without surgery: Case series

Reviewer's code: 01221925

Reviewer's country: Greece

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" 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 is an interesting paper on whether patients with G1 pancreatic NET can be followed without surgery using a case series of patients. Could the authors please comment on the following: 1) In the abstract the following needs to be changed so that the authors' point can be made clear: "The observation period for the five cases without surgery ranged from 6-80 months, and tumor growth was observed in one case. In contrast, the observation period for the three cases without surgery ranged from 17-54 months, and tumor growth was not observed." 2) Same comment for the Core Tip 3) How was it decided which patients would undergo surgery and which would only undergo follow-up? What were the criteria from switching a patient from follow-up to surgery? 4) What do the authors recommend in terms of a) how do you decide which patients to follow-up and b) how often and how do you follow-up 5) The small number of patients is a very significant limitation in terms of reaching any meaningful conclusions, as interesting as the authors' point may be.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 30061

Title: Pancreatic neuroendocrine tumor Grade 1 patients followed up without surgery:
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Reviewer's code: 03646552

Reviewer's country: India

Science editor: Xue-Mei Gong

Date sent for review: 2016-09-09 10:19

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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 checked="" 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 type="checkbox"/> High priority for publication
<input 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 type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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

nice paper. May in future , large case series can be published

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 30061

Title: Pancreatic neuroendocrine tumor Grade 1 patients followed up without surgery: Case series

Reviewer's code: 03262127

Reviewer's country: Russia

Science editor: Xue-Mei Gong

Date sent for review: 2016-09-09 10:19

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input 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
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<input type="checkbox"/> Grade E: Poor		<input checked="" 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

Dear Authors! In all the time that I reviewed papers for WJG and company Journals, this paper was probably most difficult to review (more precisely, for its Decision part). On formal grounds, the work is done very good: the reviewed paper is a well organized, performed, and written research on actual topic. The language was carefully edited by a serious proofreading agency. However, I can not agree with the authors in the principal problem discussed in the article. In my personal opinion, in all pancreatic NETs, the right treatment strategy is surgery. Why do I think so? There are three main arguments. 1)Even modern diagnostic tools (as a fine-needle EUS-controlled biopsy) are not absolutely precise in their diagnostic accuracy in case of pancreatic tumor. 2)In course of time, pancreatic NETs (as NETs in general) can change their morphologic characteristics including mitotic count and so on. 3)Currently, all types of pancreatic resection can be performed safely with very good immediate results. In my own opinion, the most serious contraindication for surgery in pancreatic masses is bad general condition of a patient (and, possibly, an advanced age), but not tumor morphology itself. Hereby, I can not accept the thesis of safety of long-term observation in G1



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pancreatic NETs. This is the reason why I can not give a positive decision on publication. However, I am aware that my opinion on this article may not be the ultimate truth.