Responses to the issues raised in the peer-review reports

First of all, thank you for your advice and comments.

Reviewer #1:

The article does not conform to the WJG series in format. When visiting www.wjgnet.com site, knitted article formats can be seen. please prepare your article according to the format of the journal so that the article can be read more fluently.

Answer: We have edited the manuscript according to relevant requirements.

As it is known, appendiceal carcinoid tumors (NET) are almost always detected incidentally as a result of the histopathological evaluation of the specimen obtained from patients who underwent emergency appendectomy with a preliminary diagnosis of acute appendicitis. It is sometimes detected in specimens obtained as a result of incidental appendectomy performed during elective colorectal or other abdominal surgical operations. Therefore, when preparing a study, it should be stated in which patient group the tumor was detected, which is very effective on survival. In other words, tumors that cause clinical signs of acute appendicitis are more likely to be detected at an earlier stage.

Answer: We have revised it according to your opinion.

The WHO 2019 report has published a report on how gastrointestinal NETs should be classified. It would be more appropriate to write neuroendocrine tumor expression instead of carsinoid expression in the title of the article. You can use the following articles: Nagtegaal ID, Odze RD, Klimstra D, Paradis V, Rugge M, Schirmacher P, Washington KM, Carneiro F, Cree IA; WHO Classification of Tumors Editorial Board. The 2019 WHO classification of tumors of the digestive system. histopathology. 2020 Jan;76(2):182-188. doi: 10.1111/his.13975. Akbulut S, Tas M, Sogutcu N, Arikanoglu Z, Basbug M, Ulku A, Semur H, Yagmur Y. Unusual histopathological findings in

appendectomy specimens: a retrospective analysis and literature review. WorldJ Gastroenterol. 2011 Apr 21;17(15):1961-70. doi: 10.3748/wjg.v17.i15.1961. Akbulut S, Koc C, Kocaaslan H, Gonultas F, Samdanci E, Yologlu S, Yilmaz S. Comparison of clinical and histopathological features of patients who underwent incidental or emergency appendectomy. World J Gastrointest Surg. 2019 Jan 27;11(1):19-26. doi: 10.4240/wjgs.v11.i1.19. For this reason, it is important that the introduction part is prepared according to these principles. also, the expression Carcinoid should no longer be used. Because developing an orthsk language all over the world is important in terms of preparing a homogeneous study. Therefore, it is more appropriate to define the article as the NET of the appendix.

Answer: We have changed the term refer to your advice and the proposed literature.

The authors used the phrase "Variables with P<0.1 in univariate analysis were considered for the multivariable model" in the statistical analysis section. It would be appropriate to provide a reference for this expression.

Answer: We intended to conduct multivariate analysis, but founded it could not be applied to this study, even if setting P value as 0.1. Because there were too many factors but there were little incident of deaths relatively. We have deleted this part and we will pay attention to this statistical issue in future survival analysis.

It is seen that most of the continuous variables in the tables do not show normal distribution. Therefore, the median and mean should not be given at the same time. Median (min-max) is sufficient. You can use the following tutorial for this. Akbulut S, Sahin TT, Yilmaz S. Comment on pediatric living donor liver transplantation decade progress in Shanghai: Characteristics and risks factors of mortality. WorldJ Gastroenterol. 2020;26(30):4564-4566.

Answer: We conducted normality test again, confirmed all continuous variables are normal distribution. We only reserved the median $\pm$ SD according to your

comments.

I could not understand why tens of cut points are used in Table-5. This will only create confusion. The optimal cutoff point can be easily calculated by ROC analysis. This table definitely needs to be revised. In my opinion, the statistical analysis sections of the article should be revised by a biostatistician who is familiar with clinical issues.

Answer: We conducted many times Kaplan-Meier survival analysis by different number of lymph nodes. We also found out the optimal number by this method and the value is the same as founded by the software. We deleted this part in case of confusion. Survival data is related to both different survival time and death event, not only death or not. ROC analysis is proper to conduct a diagnostic test. We will pay more attention to the selection of research method in the future.

Reviewer #2:

The article is within the scope of the journal and deals with an interesting topic. It is well written and structured. His reading is fluent. However, it is necessary to make some improvements to be accepted:

a) The item is subject to change control. It seems that it is not the final version.

Answer: We have founded out the optimal number of examined lymph nodes for patients in different lymph node status and the optimal lymph node positive rate for node-positive patients through the data of this study. We have revised the manuscript and it is the final version of this study.

b) The state of the art should be extended in the introduction and delve into the problem described in the article.

Answer: We have revised it according to your opinion.

c) Some conclusions and lines of future work should be included. In particular, the conclusions must summarize the scientific contribution of the work presented.

Answer: We have revised it following your advice.