Name of Journal: *World Journal of Gastrointestinal Oncology*
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Manuscript Type: Case Report
Rectal neuroendocrine tumor with uncommon metastatic spread: a case report and review of literature.

Dear Editor

Please find following our answers to reviewers' comments regarding our manuscript entitled:
"Rectal neuroendocrine tumor with uncommon metastatic spread: a case report and review of literature"

1. The Ki-67 was 8-9% and the tumour was classified as well differentiated neuroendocrine tumor, intermediate grade (G2 NET) (AJCC/UIC TNM 7th edition, 2010 and College of American Pathologists Examination Protocols 2013).

2. We changed the term carcinoid with neuroendocrine tumor.

3. A detailed patholgy report: There were medium to large tumor cells, displaying a trabecular growth pattern with nuclear pleomorphism, hyperchromasia and prominent nucleoli. Tumor cells were often spreading individually infiltrating. No lymphovascular invasion was detectable. There were a few punctate foci of necrosis. The tumor cells invaded perirectal tissues and 2 regional lymph nodes were infiltrated. Pathologic staging was pT3N1M1 and clinical stage IV.

4. The tumor was not a poorly differentiated neuroendocrine carcinoma.

5. The immunohistochemistry analysis revealed positivity, in both specimens, for CK18, CK20, chromogranin, synaptophysin, CD56 and Ki-67, while CK7 and TTF1 were negative. Synaptophysin and chromogranin showed a diffuse positive staining of the tumor cells. Immunohistochemical analysis for CDX2 was not performed.

6. The abstract has been revised.

Please accept our apologies for the delay.

Thank you very much for your help and understanding.

Kind regards
Nikolaos Tsoukalas
Medical Oncologist