

The authors wish to thank the Editor and the Reviewers for the consideration given to our manuscript. In particular, we do acknowledge the effort to provide us constructive criticism, for an appropriate improvement of our study. We have dealt with all the issues raised by the Reviewers and revised the manuscript according to those suggestions.

Please find below the point-by-point answer.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is a mini-review of the diagnosis, treatment and current concepts in endoscopic management of GP-NET. Being a review article, following should be advised to the authors. It is a good attempt to highlight the current concepts related to this hot topic. It must include a few algorithm charts or tables for diagnosis, treatment and also for endoscopic management. This will facilitate the readers to adhere to the management protocols. I suggest, it must include the evaluations points (site, grade, functional status, biomarker levels, any associated syndromes) AJCC classification according to T N M staging should be included. ENETS/WHO needs to be also highlighted. Unless these issues are addressed, I have a feeling that the reader will get confused. I hope the authors take due note of the suggestions and I am sure, it will add to the better understanding of this major hot topic. Editing of the article is impressed

Thanks for these comments we believe are very pertinent.

We completed the manuscript with tables for classification and flow chart for underline endoscopic therapy indications.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This mini review reports endoscopic management of patients with gastroenteropancreatic neuroendocrine neoplasms. Endoscopic procedures choices of the stomach, duodenum, colon and rectum. And further summarizing recently EUS-guided operative techniques. I believe that it will be help to clinicians. Here are something I would like to suggest:

1. There are many grammatical errors and word spelling mistakes need to be corrected. The language had better to be polished.

We modified the mistakes. Thanks for your help.

2.The Figures doesn't match the text.

We corrected the figure. Thanks for your help.

3.The article would be better and easier to be read If author could draw a table to summarize related study of endoscopic procedures and EUS.

We add three figures to summarize the indications of endoscopic therapy for gastric, duodenal and rectal NENs.

Thanks for your support.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: Based on that GEP-NENs are a relatively rare tumor, endoscopic management of which may not be fully understood, this review demonstrates the role of endoscopy in diagnosis (tumor detection, characterization, staging, and tissue acquisition, etc.) and treatment (endoscopic operation, endoscopy guided surgery and locoregional ablation, etc.).

Some revision advice is as follows, `In the diagnosis section, the content of NENs derived from different sites were not accordant. For example clinical presentation prognosis, and differential diagnosis were missing in some parts. `In the diagnosis section, since there were already guidelines or consensus on NENs, like ENETS, this paper should more emphasize the progress, and review more qualitative and quantitative results of endoscopic diagnostic techniques.

Thanks for raising this important point. We completed the missing parts and we underlined accuracy of endoscopic diagnostic techniques in particular regarding EUS.

`In therapy section, Is it possible to demonstrate the characteristics of literature, in the form of table, like study design, sample size, efficacy, complication, etc? `Generally, the paragraphing of this article was a little weird. Try to combine paragraphs on the similar topic. `The therapy of small bowel NEN seems missing, compared with diagnosis section. Please check.

Unfortunately, we could not add these data for the nature (mini-review) of our study. According with your comments, we underlined this lacking as an important limitation of the study and we suggested the needed of a systematic review.

Reviewer #4:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a mini-review of the latest in the field of gastropancreatic Neuroendocrine Neoplasm (GP-NEN) covering the most recent evidence and guidelines recommendations with focus on the endoscopic diagnosis and management. Overall, the review is well-written and summarizes this complicated topic in a very clear and simplified way providing excellent updates for the general gastroenterologists who are encountering this pathology more frequently. I have few suggestions to make the review more practical and useful for the busy physicians who may need a quick management reference:

1. I would recommend to add a flow diagram for each organ to guide the best treatment option (i.e. for gastric NET, if <1cm "observe" 1-2cm "endoscopic resection" ..etc)

We add three figures to summarize the indications of endoscopic therapy for gastric, duodenal and rectal NENs. Thanks for your comments.

2. On page 12, the first paragraph "In one of the largest studies of EMR of D-NENs, Gincul et al. included 7 ampullary G1/G2 D-NENs with ≤ 20 mm. A R0 resection was achieved in 5 patients (71%) without recurrence. After, a median follow-up period was 56 months [47]" is essentially a repetition of another paragraph on page 11. Suggest to remove

We would like to thanks for this comment. We modified the sentence according to your suggestion. We preferred avoid the complete deletion of the entire sentence because of in this part of the

paragraph we analysed a subgroup of Duodenal NET, the ampullary NET, so we used again the paper of Gincul et al. reporting only data regarding only endoscopic therapy of ampullary NET.

Few grammatical corrections:

1. On page 4, the word "infracentimetric" is better replaced with "subcentimetrics"
2. On page 4, the authors wrote " ...parietal invasion", this terminology is unclear. Suggest to replace parietal with more clear term
3. Page 5, suggest to replace " the I and II duodenal portion " with " first and second duodenal portion".
4. on Page 14 line 7, change "Pam-NENs " to "Pan-NENs"

We modified the underlined mistakes. Thanks for your help.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

- (1) **Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.
- (2) **Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.
- (3) **Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).
- (4) **Key Words:** Abbreviations must be defined upon first appearance in the Key Words.
- (5) **Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)
- (6) **Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)
- (7) **Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) **Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) **Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript describes a minireviews of " Diagnosis, Treatment and Current Concepts in Endoscopic Management of Gastroenteropancreatic Neuroendocrine Neoplasms" .The topic is within the scope of World Journal of Gastrointestinal . This is a mini-review of the diagnosis, treatment and current concepts in endoscopic management of GP-NET which demonstrates the role of endoscopy in diagnosis(tumor detection, characterization, staging, and tissue acquisition, etc.) and treatment(endoscopic operation, endoscopy guided surgery and locoregional ablation, etc.). This is a very well written article and provides very important information that is highly applicable to advancements currently underway in this field of medicine and it could be acceptable for publication after a minor revision. The questions raised by the reviewers should be answered.

Recommendation: Giving a recommendation of conditional acceptance to BPG journal.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please be sure to use Reference Citation Analysis (RCA) when revising the manuscript. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. For details on the RCA, please visit the following web site: <https://www.referencecitationanalysis.com/>. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

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Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.

Step 2: Manuscript Information

Please check if the manuscript information is correct.

Step 3: Abstract, Main Text, and Acknowledgements

(1) Guidelines for revising the content: Please download the guidelines for Original articles, Review articles, or Case Report articles for your specific manuscript type (Minireviews) at: <https://www.wjgnet.com/bpg/GerInfo/291>. Please further revise the content your manuscript according to the Guidelines and Requirements for Manuscript Revision.

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Step 5: Footnotes and Figure Legends

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Best regards,

Lian-Sheng Ma, Editorial Office Director, Company Editor-in-Chief, Editorial Office

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 76759

Title: Diagnosis, Treatment and Current Concepts in Endoscopic Management of Gastroenteropancreatic Neuroendocrine Neoplasms

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03763614

Position: Peer Reviewer

Academic degree: PhD

Professional title: Academic Fellow, Associate Chief Physician, Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-04-11

Reviewer chosen by: Han Zhang

Reviewer accepted review: 2022-07-04 11:42

Reviewer performed review: 2022-07-04 11:47

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Recommended acceptance

Thank for Your approval.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 76759

Title: Diagnosis, Treatment and Current Concepts in Endoscopic Management of Gastroenteropancreatic Neuroendocrine Neoplasms

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06148218

Position: Peer Reviewer

Academic degree: FRCP (C), MBChB, MSc

Professional title: Assistant Professor

Reviewer's Country/Territory: Kuwait

Author's Country/Territory: Italy

Manuscript submission date: 2022-04-11

Reviewer chosen by: Han Zhang

Reviewer accepted review: 2022-07-04 16:37

Reviewer performed review: 2022-07-04 16:52

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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Conflicts-of-Interest: [] Yes [**Y**] No

SPECIFIC COMMENTS TO AUTHORS

This is a revision of a manuscript which I have previously reviewed. Overall, the revised version is much improved and the addition of the flow charts elevate the quality of the paper. My only suggestion is add "yes" and "no" to the flow charts figures 5 and 6 (to the last decision box).

Thank for Your approval. We added the suggestion in figure 5 and 6.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 76759

Title: Diagnosis, Treatment and Current Concepts in Endoscopic Management of Gastroenteropancreatic Neuroendocrine Neoplasms

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03738819

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-04-11

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Reviewer performed review: 2022-07-06 15:42

Review time: 1 Day and 15 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input 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
Conclusion	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comments to authors: This review well demonstrates the diagnosis, treatment and current concepts in endoscopic management of GEP-NENs. The article has a better scientific clarification of GEP-NENs and better comprehension for readers with internationally recognized classification added and separated description of each organ. It is well-written in its clear and simplified way to provide updates in related field while I have several advice about grammar for you: 1. On the second sentences in 'Biomarkers level' part, the letter 't' should get replaced by 'it'. 2. On the first sentences, paragraph 2 in 'Any associated syndromes' part, the word 'is' following word 'syndrome' should get deleted.

Thank for Your approval. We modified the grammar errors.