Dear Dr. Ma,

Please find our revised manuscript. We sincerely thank you and reviewers for the time and effort that put into reviewing the previous version of the manuscript. The valuable suggestions have enabled us to improve our work.

Appended to this letter is our point-by-point response to the comments raised by the reviewers.

Sincerely,
Xiao Xu

Reviewer #1:
Thanks a lot for your approval.

Reviewer #2:
We are very grateful for your valuable advice. Gastroenteropancreatic neuroendocrine neoplasms are highly heterogeneous and have many clinical challenges. A systematic overview of this is of great value. However, a systematic review may focus on a single clinical issue. Our review discusses several clinical issues including surgery for localized hgGEP-NEN, locally advanced GEP-NEN, metastatic GEP-NEN, and neoadjuvant therapy for GEP-NEN, and therefore we write this topic as a review.

Reviewer #3:
We would like to express our great appreciation to you for your valuable comments.

1. I'd suggest to organize the paper in a different way by better highliting the differences between NET and NEC

Re: Thank you for your comments. We have added and highlighted the differences between NET and NEC surgical outcomes.

2.I'd suggest the author to improve the section on a neoadjuvant options by creating a separeted paragrah; please also refer to the option of PRRT as neoadjuvant treatment (e.g. Chiapponi C, Lürssen N, Cremer B et al. Peptide receptor radionuclide therapy as a two-step strategy for initially unresectable liver disease from neuroendocrine tumors: a single-center experience. Endocrine 2020;70:187-193); there is also an ongoing trial on PRRT even if limited to resectable NF-PNEN at high risk of recurrence (NCT04385992), which highlight that this is an emerging field

Re: Thank you for your introduction to these wonderful research works. According to your suggestion, we have added a section(Neoadjuvant PRRT for GEP-NEN) and properly cite these articles.

3.regearding LT i'd suggest the authors to highlight the high risk of tumor recurrence after LT despite the promising long-term outcomes even after recurrence (see Sposito et al Tranpslantation 2021) . I'd also suggest to refer to the paper by Ruzzenente et al. (ref # 97

Ruzzenente A, Bagante F, Bertuzzo F, et al. Liver resection for neuroendocrine tumor liver metastases within milan criteria for liver transplantation. J Gastrointest Surg 2019;23:93-100) by better highlighting that there is still controvery as some authors suggest similar survival outcomes among patients within Milan criteria who undergo surgical resection compared to LT   Minor points

Re: We thank the reviewer for pointing out this comment. Based on your opinion, we rewrote this paragraph(Liver transplantation for hepatic Metastases) and provided these new points.

4.please be consisent throughout the whole paper with NEN (instead of NET)

Re: Thank you for pointing this out. We have corrected these mistakes

5. please edit some grammar errors

Re: Thank you for your significant reminding. According to your suggestion, we corrected the grammatical errors and made an effort to correct the spelling and grammar errors, and polish the whole manuscript. We would like to confirm that the suitably revised manuscript is understandable to readers.