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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23251

Title: Ampullary neuroendocrine tumor diagnosed by endoscopic papillectomy in previously confirmed ampullary adenoma

Reviewer's code: 02683307

Reviewer's country: South Korea

Science editor: Jing Yu

Date sent for review: 2015-11-04 15:01

Date reviewed: 2015-11-11 07:39

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 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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

This case report is worthy to publicate because of the rarity of the NET in ampulla of Vater accompanied by tubular adenoma treated with endoscopic papillectomy.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23251

Title: Ampullary neuroendocrine tumor diagnosed by endoscopic papillectomy in previously confirmed ampullary adenoma

Reviewer's code: 02793333

Reviewer's country: Switzerland

Science editor: Jing Yu

Date sent for review: 2015-11-04 15:01

Date reviewed: 2015-11-12 16:17

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 checked="" 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 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

The report "Ampullary neuroendocrine tumour diagnosed by endoscopic papillectomy in previously confirmed ampullary adenoma" review an very interesting topic that is i current debate. It is written in a clear line of thought. Obviously, it is an important case. Minor items: 1. I would appreciate a clearer description of histology: - First papillektomy: what where the microscopic findings. Was there any tumour tisoe (e. g., adenoma or NET) and if yes, was it resected incompletely ?. - Second intervention: what where the microscopic findings.Was there any tumour tisoe (e. g., adenoma or NET) and if yes, was it resected incompletely ?. 2. Histology revealed a Ki67 of < 3%. Thus, besides synaptophysin it would be helpful to know the expression of the somatostatin receptor phenotype (at least the sstr2-subtype). Knowing the expression of sstr it would be possible to use radioactive somatostatin agonists for follow up imaging (SPECT/CT, PET/CT)and therapy. Did the authors perform immunohistochemistry of SSTR? and, if not, why. 3. p5: ...Post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis was not occurred.... --> Post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis did not occur.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 23251
Title: Ampullary neuroendocrine tumor diagnosed by endoscopic papillectomy in previously confirmed ampullary adenoma
Reviewer's code: 03261281
Reviewer's country: Japan
Science editor: Jing Yu
Date sent for review: 2015-11-04 15:01
Date reviewed: 2015-11-18 18:28

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Priority publishing', 'Google Search', etc.

COMMENTS TO AUTHORS

This case report describe a rare case of ampullary neuroendocrine tumor (NET) combined with adenoma. The authors successfully resected the ampullary NET accompanied by adenoma in the ampulla of Vater using endoscopic papillectomy without any evidence of local or distant metastasis during the 24 months of follow-up, although a deep resection margin for the tumor was not clear pathologically. This report is well written overall and provides useful information on NETs located in the ampulla of Vater. However, several points need to be elucidated. 1. The endoscopic findings of the ampullary tumor presented here showed a non-exposed and protruded-type of ampullary tumor. In general, papillary tumors are often pathologically heterogeneous, and it is possible that the lesion may have harbored malignant components deeper within the ampulla of Vater, even though the endoscopic biopsy from the superficial layer revealed adenoma. In addition, the possibility of intraductal extension could not be excluded. Therefore, careful judgement is required in the performance of endoscopic papillectomy in cases of non-exposed type tumors. Please describe the reason why endoscopic retrograde cholangiopancreatography and biopsy from deeper sites within



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the ampulla of Vater were not performed prior to endoscopic papillectomy. 2. The pathological distribution of the adenoma is unclear. Please describe the pathological findings of the papillary roof from the first resection and elucidate the site of the adenoma component exposed in the orifice of the duodenal papilla. 3. Please describe the size of the NET in the resected specimen. 4. The first endoscopic resection of the major papilla did not include the main NET, while the second resection was successful in this regard. Submucosal injection of diluted epinephrine was performed before endoscopic papillectomy in this case. Was the cause of the failed primary endoscopic resection due to over-injection, which may obscure the ampulla of Vater among the duodenal mucosa?



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23251

Title: Ampullary neuroendocrine tumor diagnosed by endoscopic papillectomy in previously confirmed ampullary adenoma

Reviewer's code: 03317261

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2015-11-04 15:01

Date reviewed: 2015-11-19 20:51

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 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 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 type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors report an interesting rare case of ampullary neuroendocrine tumor (NET) combined with adenoma. I suggest the case report be published.