

Peer Review File

Article Information: <https://dx.doi.org/10.21037/tcr-22-2270>

Review Comments (Round 1)

Reviewer A

It has been my pleasure to review “Unusual presentation of a neuroendocrine tumor in the ileostomy specimen after rectal cancer treatment.”

This manuscript is well-written; however, several shortcomings should be addressed.

Major comments

Comment: In this case, a small intestinal neuroendocrine tumor was discovered by chance. Was there any possibility of another NET in the small intestinal tract? Also, did the patient undergo a further examination, such as a capsule endoscopy or double-balloon endoscopy?

Reply: Thank you so much for your kind words. We are well aware of this possibility. The patient was and will be evaluated with focused imaging, and so far, there is no evidence of abnormality. In case of need, we will indicate a capsule endoscopy or double-balloon endoscopy.

Change in the text: Line 81 (CT and MRI). Changes were highlighted in yellow.

Comment: In addition, how will the patient undergo surveillance for the small bowel intestine?

Reply: Thank you so much again. The patient is and will be undergoing surveillance with Entero-CT and MRI. Remember this is a patient with rectal cancer survivorship also.

Change in the text: Line 81 (CT and MRI). Changes were highlighted in yellow.

Comment: As the author stated, NETs of the small intestine are at high risk for lymph node metastasis. Did this patient have additional lymph node dissection?

Reply: Thank you very much for this very interesting comment. In the ileostomy closure surgery, the mesenteric and lymph node resection was amplified for mechanical situations. The pathology report didn't show any positive lymph nodes in the specimen and after tumor board discussion was decided to not give any additional surgical treatment to the patient.

Change in the text: Line 62: with mesenteric resection. Changes were highlighted in yellow.

Comment: According to the WHO classification, what was the grade (G1, G2, or G3) of this case?

Reply: Thank you very much for the comment, the pathology report shows a grade 1 (NET G1 or WHO 1) small bowel neuroendocrine tumor.

Change in the text: on line 63, we wrote grade 1 tumor, we changes that for Grade 1 (NET G1 or WHO 1). Changes were highlighted in yellow.

Minor comments:

Comment: Please add the size of the NET (1.1 cm) in the text of the case presentation.

Reply: Thanks, we included the size on line 63. Changes were highlighted in yellow.

Change in the text: Line 63, 1.1 cm. Changes were highlighted in yellow.

Comment: Please add the reference to the NCCN guidelines.

Reply: Thank you so much, of course.

Change in the text: On line 72 we referred the citation and on line 152 the References was included and highlighted.

Reviewer B

Comment: I find the clinical case interesting. However, colonoscopy and/or anatomical pathology images should be added to improve the quality of the manuscript.

Reply: Thank you so much, we add Figure 1 and figure 2

Change in the text: Line 170-176 Figure 1 and 2. Changes were highlighted in yellow.

Reviewer C

The authors described the unusual presentation of a small intestinal neuroendocrine tumor in the ileostomy specimen after rectal cancer treatment. This report is valuable and presents the need for adequate pathological evaluation at the time of ileostomy closure. I have a few questions about the manuscript.

Comment: NETs in the small intestine can be multiple in the intestinal tract, and an evaluation across the entire small intestine is considered necessary (Boudreaux JP, et al. Pancreas. 2010). Has this patient had a capsule endoscopy or other examination to evaluate the entire small intestine? If you have done so, you may also describe the results.

Reply: The patient is and will be undergoing surveillance with Entero-CT and MRI. Remember this is a patient with rectal cancer survivorship also.

Change in the text: Line 81 (CT and MRI).

Comment: On page 2, line number 51, "In October of 2021," the date may be a little too specific. To avoid personal identification, it would be preferable to be a little vaguer about the date.

Reply: Thank you so much. We eliminated the month.

Change in the text: Erased October from the text.

Comment: There was not a single image data in this manuscript. Since the topic is NETs found in ileostomy resection specimens, they should be included at least macro, micro, and immunostained images of the samples.

Reply: Thank you very much, the pathological images had a middle quality, that is why we included the rectoscope and CT images. If you think this micro image is important, we can add it later

Change in the text: Figures 1 and 2.

Review Comments (Round 2)

Thank you for allowing me to review this manuscript and responding so well to our revision requests. I judge that the manuscript is better than the previous one due to the revisions. I would like to propose only one point as follows:

Comment: Please consider adding the pathology images of the ileostomy resection specimen to improve the quality of the manuscript.

Reply: Thank you so much, we add a figure 3 on line 81, page 3 and in the figure power point.