

Peer Review File

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Reviewer Comments

Reviewer A

Comment 1: “The authors present a comprehensive summary of the recent study by Nesti et al and cover the relevant implications of the study’s findings. I have no comments or suggested revisions.”

Reply 1: no reply required.

Changes in the text: none.

Reviewer B

Comment 1: “The authors comment on a relevant recent paper providing additional data helpful for a more comprehensive and exhaustive discussion on the management of appendiceal NETs of 1-2 cm of diameter.

I suggest the authors to discuss also:

- any relevance / implication of patient's age at the time of the appendiceal NET resection / diagnosis?”

Reply 1: The study from Nesti et al. mainly focused on adults with appendiceal NETs while only a small population of pediatric patients were included in the cohort. There is existing literature available questioning the benefit of additional surgery for children with intermediate risk appendix NETs similar to adults (1). Currently, there is no research supporting differences in outcome dependent of age of diagnosis. Therefore, we decided not to elaborate on this matter as the study from Nesti et al. does not offer new insights. However, we decided to address this shortly in our commentary.

Changes in the text: see page 3, line 136-139.

Comment 2: “- how to identify then those patients with a 1-2 cm appendiceal NET who may require a dedicated follow-up, and how to do that?”

Reply 2: Thank you for bringing up this matter which is indeed very important. Current literature does not provide evidence nor consensus on how to arrange follow-up for these patients. We added some discussion about this in our Editorial Commentary.

Changes in the text: See page 4, line 143-151.

Comment 3: “- the patients of the Lancet Oncology study by Nesti were treated mostly before the publication of the first international recommendations. This might have had an impact in the decision-making process at that time, when strategies were more team- or maybe even single surgeon-dependent. In my opinion, also this aspect would require some consideration.”

Reply 3: We thank you for your remark as we do agree that this most probably influenced treatment strategies for these patients. We have added this point of discussion to our Editorial Commentary.

Changes in the text: See page 3, line 106-112.