Reviewer’s report

Title: The clinical features and treatment modality of esophageal neuroendocrine tumors: nationwide multicenter study in Korea

Version: 1 Date: 24 January 2014

Reviewer: Svetlana Kotova

Reviewer’s report:

Dr Lee and colleagues attempted to report on neuroendocrine esophageal tumors by analyzing data from multiple institutions. Goal of this work was to describe clinicopathologic features, immunostaining, treatment and prognosis.

While reviewing this work I identified several concerns:

1) Patient selection criteria was not well defined: define inclusion and exclusion criteria. Table 3 lists that 9 patients had missing pathologic diagnosis. These patients can’t be included in analysis.

2) Why 2000 WHO classification was used? Was this to compare differences in diagnosis over 10 year period? Staging and classification part of this study is not explained. Which staging system (WHO vs AJCC) is most predictive of clinical outcome?

3) Description of radiologic and endoscopic findings is difficult to understand. It needs more clarification and assurance that the data are consistent.

4) Clinical data on treatment: how metastatic disease was confirmed? There should be records specifying biopsy (if done), and these should be specifically noted. If metastatic disease was not pathologically verified it invalidates any chemotherapy data (and disease related survival).

5) Overall, there is a lot missing data to draw conclusions. The most that can be concluded is incidence based on definitive pathologic reports 0.8% after all non confirmed cases excluded.

While I find current report of limited use and significance, I would like to suggest following action—reviewing tissue (biopsy or resected specimen) and performing current day standard immunostaining to define histopathologic findings. Is it possible that some of these have been classified incorrectly as neuroendocrine or possibly some true neuroendocrine tumors have been missed? How can you assure that you are measuring correct incidence? Use current staging system (unless planning to show difference over a time period for comparison purposes). Based on these, reanalyze endoscopic and survival data. I am uncertain of value of treatment since there is a large variability in treatment approaches.
Minor:

Make sure to define terminology. I feel that “neuroendocrine tumor” is used interchangeably with “neuroendocrine carcinoma.”

Re-design tables: there is a lot of duplicated data in table 4.

Edit data listed to make sure all data are consistent (eg. paragraph on EUS: 7 pts had EUS but then only 3(100%) had hypoechoic findings.)

Check grammar and paragraph structure.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests'