Reviewer's report

Title: Results of a prospective multicenter neuroendocrine tumor registry reporting on clinicopathologic characteristics of Greek patients

Version: 2 Date: 20 December 2015

Reviewer: María Isabel Sevilla

Reviewer's report:

Major issue
1. Data acquisition, second paragraph. Patients' initials, date of birth... Is there a data protection law in Greece that accepts this? In other European countries, even with the acceptance of the ethics committee and the informed consent of the patient, this is not acceptable and data have to be anonymized.

Minor essential revisions:
1. NEN (Neuroendocrine neoplasia) instead of Neuroendocrine tumors is suggested
2. Introduction second paragraph. Ki 67 is only used for GEP neuroendocrine neoplasia (not lung or paraganglioma/pheochromocytoma)
3. Patient inclusion. Date of diagnosis after October 2010.
4. Results fourth paragraph. Specify MEN 1 and 2
5. Clinical manifestations. First paragraph. Specify if the patients had diarrhea and flushing at the same time
6. Where there no gastrinomas, insulinomas, vipomas...?
7. Diagnostic procedures second paragraph. Insulin, gastrin, VIP???
9. Therapeutic interventions. Last paragraph. I do not understand what you mean by this
10. Discussion. 9th paragraph. Locally advanced tumors are not considered unknown primary
11. Small mistakes in English
12. As the authors state small number of patients and short follow up, but these data are the only data that we have on Greek patients
13. Specify if they continue with the registry
14. Table 2. This table is a bit confusing. For head and neck MTC and paraganglioma should be separated, we do not know which kind of PET scan was performed. We do not know in how many patients the diagnostic procedure was performed so when we say 0% for example for MIBG it could either be that it
was not performed or that the result was negative in all of the patients in which it was used.

15. Table 3. This table is also confusing. Head and neck should be separated by paraganglioma and MTC. Total number of patients in each localization should be specified at the top. In an unknown primary what is local infiltration?

16. Table 4. Put total numbers on the left

17. Table 5. Specify number of patients on each category on the left

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

Advisory Ipsen and Novartis