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REVIEWER'S REPORT

Manuscript No.: IJAR-54952

Title: "Contribution of Somatostatin Receptor Scintigraphy in the Diagnosis of Digestive Neuroendocrine Tumors: Analysis of 72 Cases"

Recommendation:

Accept as it is .....

✓ Accept after minor revision.....

Accept after major revision .....

Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr S. K. Nath **Date:** 25.11.25

Detailed Reviewer's Report

1. Strengths of the Paper

- **Comprehensive Multi-Modal Approach:** The paper effectively combines biological, imaging, and histopathological data to evaluate the role of somatostatin receptor scintigraphy in diagnosing digestive neuroendocrine tumors, providing a well-rounded perspective.
- **Large Sample Size and Detailed Data:** The inclusion of 72 patients with thorough epidemiological, clinical, and imaging data enhances the reliability and clinical relevance of the findings.
- **Clear Comparison with Other Diagnostic Modalities:** The study clearly compares the performance of SRS with conventional imaging techniques such as CT and MRI, demonstrating its value and limitations.
- **Focus on Practical Clinical Utility:** The authors highlight how SRS aids in the localization of primary tumors and metastases, emphasizing its role in guiding management and improving prognosis.
- **Use of Established Diagnostic Criteria:** The study applies standardized inclusion/exclusion criteria and references existing literature, strengthening its scientific credibility.

2. Weaknesses of the Paper

- **Limited Detail on Ethical Approval:** The manuscript does not specify whether ethical clearance was obtained for this retrospective study, which is an important aspect of research transparency.
- **Retrospective Study Design Limitations:** The study's retrospective nature may introduce selection bias and limits the ability to establish causal relationships.
- **Insufficient Discussion on False Negatives:** While sensitivity is reported, the potential reasons for false negatives, especially regarding insulinomas, are not thoroughly explored.
- **Inconsistent Terminology and Abbreviations:** Terms such as "DNET" and "NET" are used interchangeably without full clarification initially, which could cause confusion.

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- **Typographical and Formatting Issues:** Several typographical mistakes and inconsistent formatting are evident, such as spacing errors and punctuation inconsistencies.
- **Lack of Detailed Statistical Analysis:** The statistical methods are minimally described; more detailed analysis, including confidence intervals and p-values for all comparisons, would strengthen the findings.
- **Limited Explanation of Study Limitations:** The discussion does not sufficiently address the limitations inherent in the study, such as potential biases or generalizability issues.

3. Reviewer Comments

- **Ethical clearance status:** The manuscript does not mention whether ethical approval was obtained, which is necessary for retrospective studies involving patient data. It should explicitly state if approval was secured or if consent was waived.
- **Issues in methodology:** The methodology is generally sound but would benefit from more detail about the statistical analyses performed, criteria for image interpretation, and interobserver variability.
- **Typographical mistakes:** Minor typographical errors are present, such as inconsistent spacing and punctuation that can be easily corrected.
- **Grammar and English language quality:** Overall, the language is understandable but could benefit from editorial revision to improve fluency, clarity, and grammatical correctness.
- **Formatting issues:** Figures and tables are somewhat disorganized, and references are inconsistently formatted. A uniform style should be adopted for clarity.
- **Clarity of objectives, results, and conclusion:** The objectives, results, and conclusions are generally clear, but they could be articulated more explicitly to strengthen the narrative flow.
- **Adequacy of references:** References are relevant but somewhat limited in number. Integrating more recent or comprehensive literature would enhance the manuscript's depth.
- **Missing or incomplete information:** Additional details about the imaging interpretation criteria, the interobserver agreement, and the management outcomes of the patients would improve completeness.