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Dear Editor,

Title: Pancreatic extragastrointestinal stromal tumor: A case report and comprehensive literature review

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer comment (44289): This paper comprises a case history, and a comprehensive review of the literature on pancreas GIST. The strength of the paper is that the authors have tried to collect available literature of the limited articles published on this topic. While a reliable "take home message" may be difficult to extract from this manuscript, as partly explained by the available literature, the authors should take into consideration a number of comments and concerns to improve the scientific content of their manuscript: 1. The conception "gastrointestinal system" (please see on the 2nd line in the Introduction) sounds bad. Instead "gastrointestinal tract" should be used. 2. Selection of the literature is a little confusing; - in "Graphic-1" (rename to "Figure 1" would be appropriate) the authors explain the selection process. My advice would be to exclude the 2 abstract presentations (ref #11 and ref #?). I also guess that an "Editor's Quiz"-paper , and 2 letters to the editor would be beyond the criteria to be included in this literature review. The repeated publications in JOP between 2010-11(refs #7, 8,14) with virtually the same "title" and concept(i.e a case report and review of the literature) seems a little surprising. It is also not easily explained how the authors define "pancreas GIST". Are periampullary tumors included ? Histology of a tumor is often not available pre-operatively for patients surgically treated with a pancreatoduodenectomy. Did the authors consider recent publications from that perspective (i.e. Yamashita S et al Am J Surg 2014; Slavik T et al Pancreas 2014…) ? 3. The case report should be shorter and more focused, and tumor markers used should be given. 4. Discussion part is too long(reduction by ≈25% is suggested) , and partly too general. The original publication (case report) on clinical effect of imatinib mesylate in a GIST patient should be given. 5. Split Table 1 in two tables; Table 1 for demographic and clinical characteristics, and Table 2 for morphological characteristics, treatments and outcomes 6. Grammar and linguistics should be carefully reevaluated

Response: We would like to thank for your positively contributing comments. 1) ''Gastrointestinal system'' term is replaced with ''Gastrointestinal tract'' 2) ''Graphic-1'' title is replaced with ''Figure-1'' 5) Due to your comment, Table-1 is divided into , Table1 and Table-2. Dear reviewer, studies with reference numbers 11 and 17 were presented as a poster in international meetings, each one including clinical details. Therefore they were included in our study. Similarly, studies published with a title of Editor's quiz and letter to the editor contains detailed clinical information and included in our study. JOP, which you indicated, has a rich content in reported cases. Patient details, author names and country origins are inspected carefully and two case report were excluded from pur study to prevent dublicated inclusion. Only GIST originating from pancreatic gland were included in our study. Periampullary region tumors from distal choledoc, second division of duodenum were not considered as pancreatic GIST. These case reports had clinical and radiological details indicating to this fact. As you also mentioned, preoperative diagnosis of preiampullary region tumors is quite challenging.. I read both of the articles you recommended and took advantage from the study of Yamashita et al. 3) Due to your recommendation, I reduced the case history. AFD, CA 19-9 and CEA tumor marker levels were within normal range. 6) Manuscript is revised in terms of English grammar by www.ameditor. com

Reviewer comment (2549261): This review of the literature demonstrates that pancreatic EGIST is a very rare entity, often asymptomatic with a delayed diagnosis. Preoperative work up is comparable to those performed for the others pancreatic malignancies and surgical principles based on an oncological resection R0 to provide the best chance of cure. The role of neoadjuvant treatment with imatinib for locally advanced tumor, to down-size the tumor and increase its resectability, could be more discussed

Response: I would like to thank for your comments and contributions. Based on your suggestions, medical treatment section is mentioned more in detail.

Reviewer comment (1588404): Major points 1. The Table which describes the different cases is too busy. That table is better suited to be presented as supplementary data. Rather, the authors should the demographics, presentation, tumor location and type of surgery in one table / text and Histopath characteristics and risk score in separate. Similarly the survival data also needs to be collated and presented in context of Risk score and tumor location. 2.Unnecessary details have been provided about the origins of imatinib in the discussion section. It should be confined to the dosage and duration of use and extrapolation of any data from GIST and how that may be relevant to EGISTs of pancreas. 3. The authors need to stress on the high risk stage of most Pancreatic EGISTs and compare that to the larger series of GIST. Minor points 1. The title does not specify that the authors are reporting a case and reviewing the literature. 2. The primary and secondary aims need to be reversed. The primary aim should be to report this case and secondary to evaluate the cases reported by others. 3. Graphic 1 may be omitted. 4.CT scan image is nonspecific for Head mass. Better to show original ct images where Liver and Lymph node secondaries were present followed by regression on Imatinib therapy and the current scan prior to resection

Response: Taking also other reviewers' comments, Table -1 is revised into two different tables (Table 1 and 2).There are a limited number of cases reported about medical treatment on pancreatic

GIST which makes it difficult to improve a strict suggestion. Role of imatinib treatment fot GIST is mentioned along a complete paragraph. Due to your suggestion, places of primary and secondary aims of the study is replaced. Unfortunatelly we could not provide patient's previous MR and CT sections which were performed in various medical centers. As the image quality of CT device in our hospital was limited, we are unable to provide visual material beter in quality. We feel sorry fort hat.

Reviewer comment(503542): This study collected 30 cases of pancreatic GIST from 27 reports and summarized clinical features. This manuscript seems a good review of this rare disease. However, there are a few problems to be solved. 1. The authors included a case report of their own pancreatic GIST patient that underwent surgery. However, it is not clear if this case is included in this study. In addition, although the authors conclude that "further immunohistochemical and genetic studies regarding EGIST behavior and response to treatment are needed." (at the end of the text), such things are not mentioned in their case report. 2. The following numbers are confusing. In "PDGFRA, was investigated in immunohistochemical studies, where 33,3 stained positively", is "33,3" percentage? In "we determined the aggressive behavior risk (68% high risk, 38% intermediate risk, 4% low risk) according to Fletcher's criteria, and 25 of 30 cases indicated a high risk for aggressive behavior of pancreatic EGISTs.", what is the relationship between "68%" and "25 of 30 cases"?
Response: Our case is not included in our review. Our instution is recently founded and unfortunately immunohistochemical analysis and genetic studies are not performed yet. Immunohistochemical stain studies for CD117,CD 34,SMA are performed in another instution. We feel sorry indeed, corrected rate is 33,3%. 25 of 30 patients had risk scores calculated in which 17 (68%) patients had high risk. This result is corrected in the manuscript text. We would like to thank for your attention. Results point out that pancreatic EGISTs have a high rate of aggressive behaivour.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Surgery*

Sincerely yours,

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