Response letter

Q1:The language certificate has been submitted.

Q2: Short running title : Supraclavicular LN metastases from GIST

Q3: Authors: Chi Ma, Shao-Long Hao, Xin-Cheng Liu, Jin-Yao Nin, Guo-Chang Wu, Li-Xin Jiang, Alessandro Fancellu , Alberto Porcu, Hai-Tao Zheng

Q4: Authors' department: **Chi Ma, Jin-Yao Nin, Guo-Chang Wu, Li-Xin Jiang, Hai-Tao Zheng** : Department of Gastrointestinal and Thyroid Surgery, Yuhuangding Hospital Affiliated to Qingdao University, Yantai, Shandong, China ; **Shao-Long Hao, Xin-Cheng Liu** : Qingdao University Medical College, Qingdao, Shandong, China ; **Alessandro Fancellu , Alberto Porcu** : University of Sassari, Dept. of Clinical and Experimental Medicine. Unit of General Surgery, Sardinia, Italy

Q5: Author contributions:

Chi Ma: Drafting of the manuscript, acquisition of material;

Shaolong Hao and Xincheng Liu : Acquisition of material

Jinyao Ning: Acquisition of patient's information

Guochang Wu: Rrevision of the manuscript, acquisition of patient's information

Lixin Jiang: Revision of the manuscript;

Alessandro Fancellu and Alberto Porcu : Rrevision of the manuscript and modification of language.

Haitao Zheng : Drafting of the manuscript, acquisition of patient's information

Q6 & Q7: The ethic approval document has been submitted

Q8: The Informed consent statement has been submitted

Q9: There is no conflict of interest. The statement has been submitted.

Q10-11: Corresponding to :Haitao Zheng , Department of Gastrointestinal and Thyroid Surgery, Yuhuangding Hospital Affiliated to Qingdao University, No. 20 Yuhuangdingdong Road, Zhifu District, Yantai, Shandong, China e-mail: machi_sdu@163.com

Q12:Core tip: As we know, unlike gastrointestinal carcinomas, lymph node

metastases rarely develop in patients with malignant GISTs. We report a case with history of jejunal GIST who developed supraclavicular lymph nodes metastasis and review the related literatures. This observation suggests that lymphatic diffusion via mediastinal lymphatic station to the supraclavicular lymph nodes can be a potential metastatic way of GISTs.

Q13: Audio Core Tip has been submitted.

Q14:Comments: The patient was admitted to hospital with complaining of a left cervical mass, who had been diagnosed as jejunum GISTs and cured by operation 1 year before. After a biopsy of the cervical mass, this patient was diagnosed as supraclavicular lymph node metastases from GISTs. To identify the differential diagnoses of thyroid tumor, lymphoma, metastatic carcinoma, the patient was carried on CT, US,PET-CT and biopsy. Ultrasound ,CT and PET-CT revealed an hypoechoic, unenhanced and uneven FDG uptake mass above the left clavicle measuring 3.1 x 4.6 cm. Core needle biopsy was carried out, and the histopathological examination on hematoxylin-eosin stain showed lymph node metastasis from GIST. The patient underwent surgical removal of the cervical mass and was regularly given imatinib 400 mg per day. The histopathologic examination after operation again confirmed a lymph node metastasis from GIST. To the best of our knowledge, this is the first caseof lymphatic spred of gastric GIST to supraclavicular and mediastinum lymph nodes. (Term explanation: GISTs Gastrointestinal stromal tumors). This case confirms that LNM in the mediastinum and supraclavicular lymph nodes are a potential metastatic way of malignant GISTs, so we should attach importance to this during operation and chemotherapy. Due to the first case repot, we try to give some but not sufficient evidence of the possible mechanisms of spread of the supraclavicular lymph node metastasis.

Q15: The PMID and DOI has been added to the references

Q16: The original picture has been submitted as WORD.