

论文修改

一 针对 45210-Review Report 文件的修改:

1. 已确认基本信息无误。
2. **RESULTS** 中两处的男女 ratio 已修改
3. 全文中已确认只存在肿瘤的一种描述, 即 tumor
- 4.**RESULTS**中这部分: In summary, through our research, we have the following four points:Firstly, for endoscopic treatment of gastric stromal tumors with a maximum diameter of ≥ 3 cm, we should determine the volume of the tumour based on the preoperative ultrasound.Secondly,endoscopic treatment is safe for 95.5% patients with gastric stromal tumors with a tumor diameter of ≥ 3 cm and a volume of <125 cm³ without endoscopic surface ulcer bleeding and CT liquefaction.Thirdly,for patients with gastric stromal tumors with a tumor maximum diameter of ≥ 10 cm and a volume of ≥ 125 cm³, endoscopic treatment should not be performed.Lastly,oral chemotherapeutics may not be needed for patients with intermediate-risk stromal tumors.改为: In summary, our studies support four findings:First, prior to for endoscopic treatment of gastric stromal tumors with a maximum diameter of ≥ 3 cm, tumor volumes should be evaluated preoperatively by ultrasound. Secondly, endoscopic treatment was found safe for 95.5% of patients with gastric stromal tumors having a tumor diameter of ≥ 3 cm and a tumor volume of <125 cm³ without endoscopic surface ulcer bleeding and CT liquefaction.Thirdly, endoscopic treatment should not be performed for patients with gastric stromal tumors with tumor maximum diameters of ≥ 10 cm and a volumes ≥ 125 cm³. Lastly, oral chemotherapeutics may not be needed for patients with intermediate-risk stromal tumors.
- 5.**RESULTS** 中这部分: Therefore, a larger sample size multi-center study is needed to confirm. Research reports[28]that the use of imatinib before surgery can reduce the tumor volume and reduce the scope of surgery to improve the radical cure rate. 改为: Therefore, a larger sample size

multi-center study is needed to confirm these findings. Previous reports [28] indicate that the use of imatinib before surgery can reduce the tumor volume and reduce the scope of surgery to improve the overall cure rate.

6.Acknowledgments 中这部分: It has taken three months from putting forward opinions, performing procedures, analyzing data, writing and revising repeatedly to the present manuscript submission. I would like to thank all other authors who have helped me with this manuscript.改为: I show my sincere gratitude to my supervisor professor, Guo-Hua Li for proposing this novel and clinically significant topic and guide me to collect and analyze data.At the same time, I would like to thank professor You-Xiang Chen,Xiao-Jiang Zhou and other professors for their valuable comments on my article.In addition, I would like to thank The First Affiliated Hospital of Nanchang University for providing me with an excellent data collection platform.

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二 针对 45210-CrossCheck Report 文件的修改:

1.INTRODUCTION的原文及修改:

Gastric stromal tumor is a digestive tract mesenchymal tumor with malignant potential. All GISTs more than 2 cm in diameter should be resected,periodical

surveillance is recommended for small (<2 cm) asymptomatic gastric GISTs. However, it involves issues related to the patient's compliance and stress, cost effectiveness, and the risk associated with repeated endoscopic procedures and delayed diagnosis of malignancy^[1]. Moreover, it is believed that small gastric GISTs also have malignant potential and that the size of small gastric GISTs could increase significantly during follow up ^[2]. Therefore, some researchers suggested that once a gastric GIST was suspected, it should be resected by surgical or endoscopic approaches^[3], although the NCCN guideline did not recommend immediate resection for GISTs <2 cm^[4]. In the past, surgical resection is considered to be the standard treatment for GISTs, but open surgery was more traumatic, the intraoperative complications were greater, the surgical field was not obvious, and the amount of bleeding was increased. With the development of endoscopic techniques, the use of endoscopy to completely remove gastric stromal tumors has become possible, and the long-term efficacy of endoscopic treatment of gastric stromal tumors <3 cm in diameter has been determined^[5-7]. However, the safety and efficacy of endoscopic treatment of gastric stromal tumors (≥3 cm) remains controversial and few studies that focused on the comparison between endoscopic and surgical methods have been published^[8-11]. Therefore, the aim of this retrospective study was to evaluate the clinical long-term efficacy and safety of endoscopic resection for large (≥3 cm) GISTs in the stomach.

红色部分改为: However, studies have reported that ^[1], this will increase the psychological burden of patients and the possibility of deterioration of gastric stromal tumor, because some researchers ^[2] believe that small gastric stromal tumor may also be malignant, and the size of gastric stromal tumor may increase during long-term follow-up. Although the NCCN ^[3] guidelines do not recommend immediate surgical treatment for gastric stromal tumors, but researchers such as Yegin EG ^[4] believe that once gastrointestinal stromal tumors are suspected, they should be treated by surgical operation or endoscopic resection. 同时将参考文献中的第3篇与第4篇进行了顺序上的调换。

2.Pathological evaluation部分修改为: For the evaluation of postoperative

GIST biological behavior, the improved NIH classification system [12] was adopted for risk classification.

三 针对 45210-edicted 文件的修改:

1. 杂志名称已修改
2. 已删除资金支持部分的内容
3. 电话: 0791-83969145
4. Core tip 部分已修改, 少于 100 字。
5. ARTICLE HIGHLIGHTS 部分:

1) **Research background:** GIST is a kind of gastrointestinal stromal tumor with malignant differentiation potential, which is not sensitive to radiotherapy and chemotherapy, and can not be diagnosed by endoscopy and abdominal CT, etc., the gastrointestinal stromal tumor was first proposed by Mazur et al in 1983, GIST is a kind of digestive tract mesenchymal tumor with malignant differentiation potential, and it is not sensitive to radiotherapy and chemotherapy. The pathological examination technique is high and difficult to popularize widely, so it is recommended to follow-up the diameter < 2cm at present, while the diameter > 2cm is treated surgically, but the malignant change and metastasis may occur during the long-term follow-up period. Therefore, surgical resection of tumor is the only way to treat GIST. Mainly include traditional open surgery, laparoscopic surgery and endoscopic digestive surgery. Past transmission Open laparotomy is the first choice for the treatment of gastrointestinal stromal tumors, but for the patients with smaller diameter of the tumor, the surgical trauma is greater. In addition, the perioperative mortality of elderly patients can be as high as 1% or more. At the same time, the traditional open operation time is long, intraoperative bleeding is more, the operation cost is expensive. Laparoscopic surgery has been proved to be a safe and effective method for the treatment of gastric stromal tumors with tumor diameter $\leq 5\text{cm}$, and it is also effective in the treatment of gastric stromal tumors with tumor diameter > 5cm. However, there are some limitations to the microstromal tumors whose diameter is smaller than 1cm and the gastric stromal tumors with special location. Sex, easy to cause trauma and difficult to find tumors during the operation and so

on. If it is difficult to remove the large tumor through the orifice, it is necessary to cut the abdominal wall or prolong the surgical incision, and it is difficult to expose and operate the tumors near the gastric cardia and the great curvature of the stomach body near the fundus of the stomach. In recent years, with the continuous development of endoscopic technology and endoscopic instruments, endoscopic resection of gastric GISTs is possible. Many studies at home and abroad have shown that endoscopic resection is safe and effective in treating gastric GISTs. It provides an effective minimally invasive method for the treatment of gastric stromal tumors. But endoscopic resection is prone to major complications, such as bleeding and perforation and positive margin. There are still doubts about the safety and efficacy of endoscopic treatment for gastric stromal tumors. In recent years, there have been many reports about the clinical evaluation of endoscopic treatment of gastric stromal tumors, which confirmed the efficacy and safety of endoscopic treatment of $< 3\text{cm}$ gastric stromal tumors. However, there are few reports about endoscopic treatment of gastric stromal tumors $\geq 3\text{cm}$ at home and abroad. The efficacy and safety of endoscopic treatment for $< 5\text{cm}$ gastric stromal tumors were confirmed, but the follow-up time was short and the sample size was small. More literature reports were needed to further confirm the long-term efficacy of endoscopic treatment for large stromal tumors of the stomach.

2) **Research motivation:**The purpose of this study was to collect the clinical and pathological data of all patients diagnosed as gastric stromal tumors with the largest diameter $\geq 3\text{cm}$ in our hospital during the last six years from 2012 to 2017, who had been treated by endoscopy or surgery in our hospital. The long-term curative effect was evaluated by follow-up. To evaluate the long-term efficacy of endoscopic treatment of gastric macrostromal tumors, and to provide a direction for the choice of surgical methods for gastric macrostromal tumors in the future.

3) **Research objectives:**The main purpose of this study is to observe the long-term efficacy of endoscopic treatment of gastric macrostromal tumors, and to reduce the pain of surgical treatment of patients with gastric

macrostromal tumors by endoscopy. More patients with large stromal tumors of the stomach can enjoy the benefits of minimally invasive surgery and improve the quality of life.

4) **Research methods:** From 2012 to 2017, the clinical data of all patients with large stromal tumor of the stomach treated by endoscopy or surgery were analyzed and a long-term follow-up was carried out. In this study, chi-square test was used to test the statistical differences between groups and pairings, which clearly confirmed the differences between the two groups. This study is rich in content, complete data, long follow-up time, novel views, high persuasion.

5) **Research results:** In this study, we found that endoscopic therapy can be used to treat gastric macrostromal tumors, but it needs to meet certain conditions, and should be evaluated according to the results of preoperative ultrasound. There is controversy about whether endoscopic treatment of gastric large stromal tumors can be performed in previous studies. This study provides a good answer to the circumstances in which patients with large stromal tumors of the stomach can be treated under endoscopy. It provides a direction for the treatment of large stromal tumor of the stomach in the future.

6) **Research conclusions:** In this study, we found that the volume of gastric stromal tumor treated by endoscopy is smaller than that of surgical treatment. For patients with moderate and dangerous stromal tumors, oral chemotherapeutic drugs may not be needed, and endoscopy can be used to treat gastric large stromal tumors, and it is also found that endoscopy can be used to treat large stromal tumors of the stomach. However, certain conditions need to be met. Endoscopic treatment is safe for 95.5% of patients with gastric stromal tumors with a tumour diameter of ≥ 3 cm and a volume of $< 125 \text{ cm}^3$ without endoscopic surface ulcer bleeding and CT liquefaction. This

study will provide a direction for the choice of treatment methods for patients with large stromal tumor of the stomach in clinical work, and has some guiding significance.

6) **Research perspectives:** There are many other aspects to judge the pathological grade of gastric stromal tumor before operation. We can continue to study more factors affecting the pathological grade of gastric stromal tumor on the basis of this study in the future. This study was a retrospective single-center study. There were no high-risk stromal tumors in endoscope group and no patients with maximum diameter $\geq 10\text{cm}$ or volume $\geq 125\text{cm}^3$. In the future, a multicenter prospective study of large stromal tumors of the stomach could be attempted. To further explore the long-term safety and efficacy of endoscopic treatment for large stromal tumors of the stomach.

6. 确认 4 个表的标题中无缩写词

7. 确认 4 个表中均无缩写词。

8. 已将表中的 None* 和 Both* 改为 **None¹** 和 **Both²**