

### **Response to the Reviewer's Comments**

We appreciate the reviewer's comments which is very helpful to improve the scientific quality of this manuscript. Now we added more data to strengthen this study. Here is the response below.

Reviewer Comments to Author:

This article presents an extremely rare and informative case of GIST with multiple spinal metastasis. I agree with the authors diagnosis that the lesions are GIST. However, I could not find enough evidence in the manuscript to regard the lesion as metastatic lesion.

RESONSE:

GIST is usually located in the stomach, small intestine, colon and rectum and does not occur in the spine. Therefore, the spinal mass reported in this case is metastatic tumor. And the location of the histopathologic diagnosis was GIST.

The manuscript lacks information of primary lesion.

RESONSE:

The patient complained of pain in the lower back and buttocks. GIST was diagnosed based on pathological and immunohistochemical results after a spinal mass biopsy was performed. Prior to this time, the patient had no symptoms of gastrointestinal stromal tumor. During our follow-up of half a year, the patient found rectal neoplasm one month after discharge, underwent mass resection, and was pathologically diagnosed as gastrointestinal stromal tumor(We revised it in the manuscript and highlighted it in red). In addition, the patient received targeted drugs for gastrointestinal stromal tumors.

Was the anal leiomyoma resected 8 years ago re-evaluated to exclude the possibility of GIST?

RESONSE:

The patient complained of anal mass excised 8 years ago and was pathologically diagnosed as anal leiomyoma. Furthermore, GIST is usually located in the stomach, small intestine, colon and rectum. Therefore, it is not considered as a gastrointestinal stromal tumor.

What was a pathological diagnosis of the anal mass resected 1 month ago?

RESPONSE:

When we sorted out the details of the patients again, and reconfirm with the patient: one month after the patient was discharged from hospital, the rectal neoplasm was found and removed, and the mass was pathologically diagnosed as gastrointestinal stromal tumor. We revised it in the manuscript and highlighted it in red.

Did the authors perform PET-CT to detect a primary lesion or other metastatic lesions?

RESPONSE:

Due to economic and other reasons, the patient did not receive PET-CT. And the pathological diagnosis is clear, GIST was found in the rectum about a month later.