

Dear editors and reviewers,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "*Clinicopathological Characteristics and Long-Term Survival of Patients with Synchronous Multiple Primary GISTs: A Propensity Score Matching Analysis*" (Manuscript NO: 69030). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. Some necessary corrections have been made. The point-by-point responses are as follows,

### **Responds to the reviewers' comments:**

#### **To the reviewer #1:**

I should like to express my appreciation to you for suggesting how to improve our paper. We have studied these comments carefully and have made correction which we hope meet with approval.

To question 1. The authors need to describe pathological features in detail including tumour type Spindle, epithelioid or mixed.

Response: We agree with the reviewer's comment, which is significant in clinical judgment. We rearranged and analyzed the relevant information, and listed the results in Supplemental Table 1. At the same time, we are still discussing it in the revised manuscript (Page 4, Paragraph 4).

To question 2. Were all tumour alike or heterogenous morphology was encountered.

Response: We agreed the reviewer's comment and discussed it in the article. We conducted in-depth discussions in the Discussion section (Page 4, Paragraph 3) and brought forward some interesting phenomena we discovered. Although they may not be of scientific significance, they can bring some enlightenment to later researchers.

To question 3. What about necrosis in the tumour. Was it significant?

Response: I should like to express my appreciation for your advice. We have enriched this part according to the reviewer's suggestion in both Supplemental Table 1 and Discussion section (Page 4, Paragraph 4). Before propensity score matching, there was a significant difference in tumor necrosis. In propensity score matched cohort, necrosis in the tumors of MGISTs were compared with those of SGISTs.

To question 4. Also, you need to add some pathology images from different tumours

Response: We agreed with the reviewer's comment and modified it in the corresponding position. We selected some pathological images of different tumors and displayed them as Supplemental Figure 2.

## **Responds to the editors' comments:**

### **To the Science editor:**

I should like to express my appreciation to you for suggesting how to improve our paper. We have studied comments carefully and have made correction which we hope meet with approval.

To question 1. The results section is very busy and tables alone would do a better job at presenting the data rather than narrating it within the manuscript as there are lots of numbers and it is distracting. I would emphasize OS and PFS and provide numerical results elsewhere.

Response: Thank you very much for your comments. We have carefully read your suggestions and omitted the lengthy and detailed data in the Results section, hoping to get your approval. (Page 7 and 8)

To question 2. Manuscript needs to be anonymized for proper peer review, including Hospital location.

Response: We are very sorry for our negligence. We replaced "Shandong Provincial Hospital" with "our hospital" in the main text, and deleted the name of the hospital in Figure 1.

To question 3. The author needs to provide data on pathological subtypes on both cohorts.

Response: I should like to express my appreciation for your attention. We have further summarized and analyzed the pathological results, displayed the above results in Supplemental Table 1, and explained in the discussion section (Page 4, Paragraph 3 and 4).

To question 4. the following comment is hyperbolic, "This study might provide evidence to support the radical treatment of such patients", the author should either expand context relevance to the manuscript or delete.

Response: I greatly appreciate your help concerning improvement to this paper. We have reduced the irrelevant and unnecessary descriptions. (Page 10, Paragraph 6)

### **To the Company editor-in-chief:**

Thank you very much for your recognition and support. Your encouragement gives us the motivation to continue. We will work hard to make our articles more perfect and have greater practical value.

To question 1. Before final acceptance, the author(s) must add a table/figure (medical imaging) to the manuscript.

Response: I greatly appreciate your help concerning improvement to this paper. We selected some pathological images of different tumors and displayed them as Supplemental Figure 2, hoping to get your approval.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions