

To: Pr Andrzej S Tarnawski
Editor-in-Chief
World Journal of Gastroenterology

Paris, the 8th April 2022

Dear Professor Tarnawski,

We thank the Editor and the reviewers for their time and constructive feedbacks on our manuscript entitled « **Gastrointestinal tumors in transplantation: report of two case reports and review of literature** » by Romain Stammler et al.

We have modified the manuscript based on all the comments of the Editor and the reviewers and propose a revised version of it.

We offer a point-by-point response to the comments made by the reviewers.

We hope you will now find our manuscript suitable for publication in the *World Journal of Gastroenterology*.

Best regards,

For the coauthors, H el ene Lazareth, M.D, Ph.D

Reviewer 1

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Good job

Reviewer 2's comments:

We thank the Reviewer 1 for its appreciation and made no change to the manuscript.

Reviewer 2

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumors of the gastrointestinal tract. A higher risk of neoplasm has been described among renal transplant recipients (RTR). Nevertheless, only few cases of GIST's onset among transplanted patients have been reported. This paper reviews existing literature concerning GIST's occurrence in transplanted patients, which has certain guiding significance for clinical treatment. This paper intends to be novel, logically clear, and provides results that match the methods described. But there are also some content need to be added: 1.The title of this paper is "Gastrointestinal tumors in transplantation: report of two case reports and review of literature" . Why were cases of EGIST introduced in this paper. 2."We excluded reports of GIST occurring among non-transplanted patient or bone marrow transplanted patients." Was it better to include bone marrow transplant patients as a subclassification rather than exclusion? 3."Using these terms, we found 8 and 31 articles respectively. Only 12 articles were analyzed. " Please describe the search strategy for analyzing these articles.

We thank the reviewer for its comments.

Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumors of the gastrointestinal tract. A higher risk of neoplasm has been described among renal transplant recipients (RTR). Nevertheless, only few cases of GIST's onset among transplanted patients have been reported. This paper reviews existing literature concerning GIST's occurrence in transplanted patients, which has certain guiding significance for clinical treatment. This paper intends to be novel, logically clear, and provides results that match the methods described. But there are also some content need to be added.

- 1. The title of this paper is "Gastrointestinal stromal tumors in transplantation: report of two case reports and review of the literature". Why were cases of EGIST introduced in this paper?**

As suggested by Reith and al., extra gastrointestinal stromal tumors and GIST share similar clinical and histological presentation (Reith JD, Goldblum JR, Lyles RH, Weiss SW. Extragastrintestinal (Soft Tissue) Stromal Tumors: An Analysis of 48 Cases with Emphasis on Histologic Predictors of Outcome. Mod Pathol. 2000 May;13(5):577–85). As a result, we chose to gather these presentations in our review of the literature.

- 2. "We excluded reports of GIST occurring among non-transplanted patients or bone marrow transplanted patients." Was it better to include bone marrow transplant patients as a subclassification rather than exclusion?**

One single case report of GIST occurrence in a patient receiving bone marrow transplant has been reported in the literature (Holtan SG, Palmer SR, Okuno SH, Hogan WJ. Graft vs GIST? Bone Marrow Transplant. 2012 Sep;47(9):1246–7). As GIST diagnosis was made prior to bone marrow transplant, this neoplasm could not be considered as a neoplastic complication of the transplantation. That’s why we chose to exclude this observation from our review of the literature.

- 3. “Using these terms, we found 8 and 31 articles respectively. Only 12 articles were analyzed.” Please describe the search strategy for analyzing these articles.**

Using the following Medical Subject Headings (Mesh) words “Gastrointestinal stromal tumors” AND “Kidney transplantation” in Pubmed database, we identified 8 articles. Among them, one publication by Seculini Patiño et al (Seculini Patiño CE, Tabares AH, Laborie MV, Diller A. Tumor del estroma gastrointestinal y trasplante renal [Gastrointestinal stromal tumor and renal transplant]. Medicina (B Aires). 2017;77(4):334-336. Spanish. PMID: 28825581.) was excluded as it was not written in English (article written in Spanish).

Among the 31 articles identified using the Mesh terms “Gastrointestinal stromal tumors” AND “Transplantation” in Pubmed database, we excluded those not written in English and those which were not appropriate to the subject of GIST occurrence among transplanted patients.

Reviewer #3:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: A very nice presentation of a case series presenting with 2 different outcomes among patients with a good description of diagnostic workup and different treatment given. The disease itself being rare following transplantation and describing the available papers are worth appreciating. And with good review of existing literatures on GIST following transplantation, your report is a valuable addition to the current literature. Well done. A very worthwhile read.

We thank the Reviewer 1 for its appreciation and made no change to the manuscript.

EDITORIAL OFFICE'S COMMENTS

Science editor's comment:

This study described two cases of GIST diagnosed following renal transplantation. I believe GIST is very rare in renal transplantation, but many concerns should be noticed about this report.

- 1. GIST is usually a slow growing mesenchymal tumor, and thus the first case might be already existed at the time of renal transplantation. Therefore, it could be a misdiagnoses prior to renal transplantation.**

We thank the science editor for these pertinent suggestion.

In the first case report, as the delay from transplantation to GIST diagnosis was short (5 months) we could assume the tumor was misdiagnosed before the transplantation despite of CT scan performed beforehand. We have reported this limitation in the discussion part by adding this sentence : **“Moreover, it is unclear if GIST was a *de novo* feature in our first patient because of the short delay (5 months) between transplantation and the tumor discovery. Unfortunately, the latest available CT scan was performed seven years before the transplantation. However, some previously cases report GIST onset within the first year following transplantation”** (page 10-11, paragraph 3).

- 2. With regard to second case, why post-operative adjuvant therapy was not administered for this patient after gastrectomy?**

We thank the science editor for his comment. Post-operative adjuvant therapy was not administered for this patient after gastrectomy as histological grading of the tumor was low. This information appears in the manuscript page 7 (“Regarding the very low risk of progression no adjuvant therapy was initiated”)

Company editor in chef's comment:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures

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We thank the Company Editor in chief for his suggestions.

We have modified the manuscript, the figure and the tables according to these recommendations.