



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript NO12567 1.0.docx)

**Title: Endoscopic treatment for gastrointestinal stromal tumor: Advantages and hurdles**

**Author: Hyung Hun Kim**

**Name of Journal: World Journal of Gastrointestinal Endoscopy**

**ESPS Manuscript NO: 12567**

I would like to thank the reviewers of *World Journal of Gastrointestinal Endoscopy* for taking the time and effort to review our manuscript. Your editorial staffs have provided us with a comprehensive and prompt review. All of the valuable and constructive points that the reviewers pointed out have been taken by the author. I have performed additional investigation and made some revisions in hope of improving our paper according to the reviewers' comments.

**The revised points were marked as dark red color in the manuscript.**

The specific revisions and corrections made in response to the reviewers' comments are as follows:

~~--Reviewer 01076129-----~~

The paper provides a very thorough overview of endoscopic and laparoscopic management of GIST tumours. It is very well-written, accurate and clear. The images give go illustrations to the different approaches. The reference list is updated. My main concern is the length (with the references and the abstract, it is almost 8000 words). I would consider excluding the parts not directly related to endoscopic and laparoscopic treatment (i.e. the parts about diagnosis, malignant potential, including Table 1, follow-up programs and adjuvant treatment with Imatinib). The abstract should also be slightly shortened (it contains 254 words).

→ I appreciate the reviewer's comment and compliment for my humble paper.

1) As the reviewer pointed out, this paper is long. Therefore, I also considered shortening its length and removing theoretical basis part. However, I did not remove these parts because the purpose of this paper was to investigate the theoretical basis of endoscopic approach for GIST removal as well as technical feasibility. There are many papers which described the technical feasibility for removing GISTs, but I have rarely read papers which deeply investigate the theoretical basis for removing GISTs which was incidentally detected. This was the main reason why I tried to describe diagnosis and malignant potential. Surprising, many endoscopists do not have much knowledge about these parts; some operators are just interested in removing tumors. Adding to this part, follow up programs and adjuvant treatment with Imatinib are also one of imperative part in this paper. Most endoscopists do ignore adjuvant treatment even after removing high risk GISTs. They do not have serious concern about follow up program. The reason might be that most endoscopists, usually young have not had serious experience with highly malignant GIST. However, unfortunately, we faced high risk small GISTs, proved by post resection histology, not so rarely. This was the reason why I described follow up and adjuvant treatment. It was not a Cliché for structuring the manuscript.

**Would you please consider my sincere mind about these sections?**

2) I shortened the abstract (242 words) as the reviewer recommended

~~--Reviewer 00069471-----~~

Authors overview the current status of endoscopic treatment of GISTs in gut, especially in the stomach. This review article covers all the endoscopy-associated treatment of GISTs, from ESD to LECS, and the theoretical basis is also excellent. I'd like to point out only one thing. Authors might as well touch NEWS (Non-Exposed wall-inversion surgery, Mitsui et al, Gastric Cancer 2014; 17(3)).

→ I appreciate the reviewer's comment and compliment for my humble paper. I added the information about NEWS. I heard about the concepts of this technique but did not know the name exactly. I added the information of NEWS after LECS and LAEFR part and Introduction. I inserted the data of NEWS in Table 3 also.

~~--Reviewer 02550913-----~~

I have read with great interest the review entitled "Endoscopic treatment for gastrointestinal stromal tumor: Advantages and hurdles" by Kim HH. This is a well written paper that clearly summarizes the known data to date. It does a wonderful job in explaining the different procedures along with the advantages, disadvantages, and other worth noting issues. I have two minor comments: 1. Core tip - GIST is not mentioned. Avoid words as "charming". Add a sentence at the beginning mentioning that several endoscopic approaches have been recently investigated. 2. Manuscript - please add the number of patients in each study mentioned. These data appear in the tables but readers also prefer to have it mentioned in the text. Simply add (n=.). All in all, very nice paper that reads fluently, covers all important aspects of the topic, and may be of interest to the readers.

→ I appreciate the reviewer's comment and compliment for my humble paper. I amended manuscript following the reviewer's suggestion.

1) I inserted the word "GISTs" and removed "charming". I rewrite the sentence

as follows “Several endoscopic approaches have recently been investigated for removing GISTs. Endoscopic enucleation has several advantages.”

2) I described the number of patients by simply adding (=n) following the reviewer’s comment.

--Reviewer ~~00910326~~-----

1. There are some grammar mistakes. I suggest an English proof reader revision  
2. Authors should better define the “no-touch strategy on microGIST)  
3. KIT is not known as CD117; KIT mutation are present in nearly 80% of GIST; mitosis are an important prognostic factor along with size and location

→ I appreciate the reviewer’s comment. I revised the manuscript following the reviewer’s guide.

1) An Editing company checked this manuscript again (American Journal Expert)

2) I think that you mean regular follow up and observation for micro-GIST, not “no touch surgical technique”. I found out information about micro-GIST and inserted that information in the introduction.

3) I removed the terminology “CD 117” and changed 95% to 80%.

As you can see, I have made revisions on our manuscript. The revised and added portions of the manuscript are stated point by point in this letter with the response to the reviewer’s comments. I have tried my best to abide by the recommendations and comments of the reviewers. I believe that these revisions greatly strengthen our manuscript and hope that this letter meets the requirements of your journal. I thank you again for your constructive and detailed review, and will be waiting for good news in the near future.

Best Regards

Corresponding Author:

Hyung Hun Kim, M.D.

Division of Gastroenterology, Department of Internal Medicine, The Catholic University of Korea College of Medicine, Seoul St. Mary's Hospital, 222

Banpodaero, Seocho-Gu, Seoul 137-701, Korea

Tel.: +82-2-2258-6065

Fax: +82-2-2258-2089

Email: [drhhkim@gmail.com](mailto:drhhkim@gmail.com)

A handwritten signature in black ink, consisting of stylized Korean calligraphy characters. The signature is positioned to the left of the page.