April 15 ,2015.

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15658-review.doc).

**Title:** Gastrointestinal Stromal Tumour Presenting as Palpable abdominal mass– a rare entity

**Author:** Manoj R Bhambare, Jayashri S Pandya, Sudatta B Waghmare, Tilakdas S Shetty

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 15678

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer
(1) **Running title** - GIT Stromal tumour –palpable abdominal mass
(2)Institutional review board statement entered
(3)Conflict of interest statement entered.

3 References and typesetting were corrected

Thank you again for considering our manuscript in the *World Journal of Gastroenterology*.

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Dear Fang Fang Ji

Thanks for the update.

Following is the reply to the query raised .

The comments were:

1 A )

I really do not understand why you performed an US-guided biopsy. From the image data the most probable diagnosis is GIST. Following risk classification of progressive disease adapted from Miettinen and Lasota this GIST is classified as high risk. The risk classification of progressive disease according to Joensuu a size of more than 10 cm is also classified as high risk. Percutaneous biopsy should not have been performed. Such a procedure can be interpreted as tumor rupture and in tumor rupture the high-risk group of this classification scale exhibits a 15–20 % increase in the risk of disease relapse. Instead, endoscopic US-guided biopsy should have been performed.

Reply

<!--[endif]-->Although ours is a tertiary care hospital, drainage of patients is from poor sections. EUS-guided biopsy is not always feasible for gastrointestinal (GI) masses either because of the lesion location (i.e. colon or small-bowel) or because of GI lumen stenosis. In our case , we were limited by non availability in our institution and the patient was not affording.

*De Sio I[1], Funaro A, Vitale LM, Niosi M, Francica G, Federico A, Sgambato D, Loguercio C, Romano M. Ultrasound-guided percutaneous biopsy for diagnosis of gastrointestinal lesion. Dig Liver Dis. 2013 Oct;45(10):816-9.

1 B )

Please specify whether the tumor capsule was intact during surgery

Reply

Intraoperatively , the tumor capsule was intact.

1 C )

18 FDG-PET Scan is helpful for post-operative patients who are on adjuvant imatinib therapy to see for disease activity

This statement has been rectified as follows;.

PET CT is particularly useful auxiliary diagnostic modality as baseline for verification of the early response to therapy with Imatinib, a TKI.

1 D )

The patient was asymptomatic at six month follow up. I assume the patient was also tumour free in CT?

Reply
No clinical and radiological recurrence noted at six month follow up.

Minor comments :
Please denote common bile duct for the first time and then use abberivation.
The necessary had been already made in manuscript.
Thank you again for considering our manuscript in World Journal of Gastroenterology.
Thanks
Regards
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