

Dear editor

Thank you very much for your decision letter and advice on our manuscript (DDSJ-D-16-01585). We also thank the reviewers for the constructive and positive comments and suggestions. Accordingly, we have revised the manuscript. All amendments are highlighted in red in the revised manuscript. In addition, point-by-point responses to the comments are listed below this letter.

Answer to reviewer 03666022

This is a very interesting study concerning new techniques of GIST resection in stomach localization. To date it is widely accepted (NCCN guidelines) that laparoscopy is safe, with good outcome in disease-free survival time (DFS). In the paper authors noted very low recurrence rate independently of favorable and unfavorable localization (1,98%), however period of time from the operation to the recurrence would be worth mentioning.

*Answer: The information of time from the operation to recurrence has been added in the revised version (page 8, 1st paragraph, 2nd sentence).*

Some other additional data would be interesting. First of all, I would recommend to add whether patients with iatrogenic ruptured tumor were included in recurrent group of cases? What was the follow-up period for these cases, what were the results for group of patients with full 5-years follow-up period (authors indicated 7-107 month observation for all cases).

*Answer: The information of outcomes regarding patients with iatrogenic ruptured tumor has been added in the revised version (page 8, 1st paragraph, 2nd sentence).*

Which laparoscopic technique was performed in patients with recurrent disease?

*Answer: No laparoscopic technique was performed in patients with recurrent disease. An exploratory laparotomy was performed in one patient with local recurrence after*

*22 months of the first operation. The information has been added in the revised version (page 8, 1st paragraph, 2nd sentence).*

Were there any differences in tumor localization and other characteristic between groups operated with different techniques. I think, with additional information introduced to the "result" section and adequately discussed, paper would be complete and worth publication

*Answer: Wedge resection was still the most prevalent procedure for laparoscopic resection of GIST in our study. In this study, only two patients underwent laparoscopic intragastric submucosal dissection. The present clinical data failed to conduct an analysis for the relationship between different localization with different techniques. Indeed, it is a good issue to discuss in future.*

Answer to reviewer 33365

Congratulations on your fine work

*Answer : Thanks !!*

We hope that the revision is acceptable for the publication in your journal.

Look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Guanqun Liao