

Dear Prof. Wang

Thank you very much for your valuable comments and suggestions on the manuscript entitled “ Performance of different risk stratification systems for gastrointestinal stromal tumors: a multicenter retrospective study” (NO. 43252). We have tried our best to address all concerns as suggested. All revisions have been marked in the revised manuscript. Response to the reviewers is listed as below. The manuscript has not been previously published elsewhere. All authors have participated in the preparation of the manuscript. They have read and approved the manuscript. There is no conflict of interest. Once again, thank you very much for your comments and suggestions.

Best regards,

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Reviewer #1 The study can be published without changes.

Answer: Thank you very much for your appreciation of this study.

Reviewer #2 This is an interesting manuscript. It would be useful to include the surgical interventions used and its correlation with prognosis.

Answer: Thank you very much for your compliment. We think correlating the surgical interventions used with prognosis is an interesting idea. As a retrospective study, it is a pity that we didn't collect data about different surgical intervention before. We will improve this part of data and carry out this analysis in the future. Thank you for your advice.

Reviewer #3 This is an interesting manuscript about the risk stratification systems for the recurrence of GISTs. The authors have evaluated four different criteria, NIH criteria, AFIP criteria, MSKCC prognostic nomogram, and Joensuu's contour maps. The data demonstrated that AFIP criteria are associated with a larger AUC than the others. The authors have concluded that AFIP criteria have better accuracy to support therapeutic decision-making for the patients with GISTs. This manuscript is nicely structured and well written. However, I have a few minor comments about this manuscript. Please consider the following comments. (Comments) 1. Page 9, lines 188-189, "before and during surgery" Judging from abstract (Page 3, line 59), the authors should correct "before and during surgery" to "during surgery". 2. Page 10, line 213, AIFP Correct "AIFP" to "AFIP". 3. Page 23, Table 1 The authors probably make a mistake. As for overall, number of patients is 1303, not 1255. Likewise, each number of recurrence and non-recurrences is 107 and 1196. Sorry if I have got it wrong.

Answer: Thank you for the beneficial comments. We have rechecked and corrected these mistakes in our manuscript(1.page 4, line113; 2.page10, line 272; 3.Page 19, Table 1). We are sorry for these mistakes.

Reviewer #4 Biggest concern about results is very big number of excluded patients - 800, some because of follow up and some because of incomplete documentation. This would be my biggest concern about the quality of data. If I don't think about it, the paper is very good.

Answer:Thank you for the beneficial comments. As a retrospective study, our data was limited by many practical problems. The follow-up system in China is not perfect. Many patients register with the wrong information, especially patients more than a decade ago.This is an important reason why we lost our visit. In China, a patient can choose any hospital he wants to go to, so every patient may not visit the same hospital every time, which is also the reason for the high rate of missed visits this time. Besides Doctors have only paid

attention to GISTs in recent decades, so the previous description and detection of GISTs will lose a lot of data. We are establishing better follow-up systems or diagnostic methods and We will conduct prospective studies to formalize this view. We firmly believe that more accurate data can be obtained in the future. We have mentioned this limitation in our passage(page 13, line 358-363).Thank you for your advice.