

Round 1

SPECIFIC COMMENTS TO AUTHORS

The author performs enucleation after TAE for Giant hepatic extra-gastrointestinal stromal tumor, and chemotherapy with imatinib after GIST is diagnosed in the pathological specimen. The question is 1. The procedure is decided by the preoperative diagnosis, but how was the preoperative diagnosis? 2. Enucleation was performed as a high-risk reduction surgery, but how was the preoperative systemic evaluation? 3. If a malignant tumor was suspected, it should have been completely resected, but it seems that the tumor was not difficult to completely resect, but what about it? 4. The pathological photograph is unclear. It seems that a magnified and clear photograph is needed. 5. How was CD34, SMA, S-100 protein staining in the diagnosis of GIST?

1. The procedure is decided by the preoperative diagnosis, but how was the preoperative diagnosis?

The patient was submitted to a percutaneous biopsy, which did not show a conclusive result. As the image exams showed a huge vascular mass preserving vascular and biliary structures, the diagnosis of GIST was also considered.

Since the patient also presented progressive anemia and a hemorrhagic component inside the tumor, TAE was initially performed in order to shrink the lesion, control the bleeding and the symptoms.

2. Enucleation was performed as a high-risk reduction surgery, but how was the preoperative systemic evaluation?

Pre-operative evaluation was performed according our protocol which was adapted from ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery. Patient performed laboratory tests, include hemogram (hemoglobin 7.2 and hematocrit 24.7), liver and kidney function, coagulation tests, serology tests, electrocardiogram was normal, echocardiogram which presented ejection fraction of 63%, minimum left ventricular

disfunction, bi-atrial dilatation and chest X-ray was normal.

- 3. If a malignant tumor was suspected, it should have been completely resected, but it seems that the tumor was not difficult to completely resect, but what about it?**

Unfortunately, no significant response was detected after TAE and the patient persisted with symptoms. For total resection of the lesion, left trisegmentectomy would be necessary. Thus, we decided, during surgery, to perform a cytoreductive procedure in order to avoid a high risky resection in an octogenarian lady, as a alternative to control the pain. Definitive diagnosis of a GIST was obtained after definitive anatomopathological analysis of the surgical specimen, and adjuvant therapy with imatinib was initiated in agreement with the oncology team.

- 4. The pathological photograph is unclear. It seems that a magnified and clear photograph is needed.**

It will be revised.

- 5. How was CD34, SMA, S-100 protein staining in the diagnosis of GIST?**

The immunohistochemical staining was positive for expression of CD34 and negative for SMA and S-100 protein.

Round 2

This report is a very rare case, and chemotherapy after volume reduction surgery is also performed on gastric GIST, Tumor reduction surgery is considered to be an appropriate treatment option, and is well explained. There is still some doubt as to whether the surgical procedure (enucleation) is appropriate, but the results were good, so I will not ask. However, I think that the pathological photographs are out of focus and are not at the level of posting. You will need to have your pathologist retake it.

We have submitted the revised manuscript version in title: **Giant hepatic extra-gastrointestinal stromal tumor (E-GIST) treated with cytoreductive surgery and adjuvant systemic therapy: case report.**

We have included Carlos Thadeu Schmidt Cerski M.D. Ph.D. as a co-author, because he made a valuable contribution in a pathology report, analyzing the manuscript, reviewing it critically and providing the pictures that were included in this revised manuscript version. We were not able to submit the figures in the journal website (did not allow us to submit revised pictures version). Thus, we are submitting revised figures, manuscript and co-author letter request for inclusion as email attachments. Please, let me know by e-mail, if you have received them.