

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: It is a well-written manuscript in which the authors reported a rare case of GIST metastasis to breast. As a case report, the manuscript could be accepted. One minor suggestion is to make language revisions.

We have made language revision.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Gastrointestinal stromal tumors (GISTs) are rare tumors, and breast metastases from GIST have been previously described only in one case. The author reported a second case. This case report has novelty and clinical guidance value. The overall structure is concise, easy to understand and clearly communicated. The title is concise and contains sufficient case information. The introduction is relatively brief, giving a centralized explanation on the importance of the case report. The detailed description of the case is sufficient, and the readers understand the treatment and reasons. However, the discussion only focused on the use of imatinib, lacking consideration and analysis of overall details. Some data tables are needed to enhance the value of case reports.

We changed the article and discussed three main points in the discussion part: different diagnosis between primary breast cancer and metastasis to the breast others malignancy including GIST; the association of sporadic GISTs with second neoplasia; surgery on local progression – the opportunity to prolong the treatment duration and not to change the line of treatment

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: I reviewed with interest the study by Daria et al. It was properly written and described a rare clinical case of GIST presented with breast metastasis. Here are several problems and suggestions:

1. what's the pathological diagnosis of the primary rectum tumor in 2012, and what is the postoperative treatment? *We wrote that the diagnosis in 2012 was leiomyoma and the patient was on follow up after surgery.*
2. Have you performed sequencing for rectum GIST lesion in 2016? is it the same with what observed in the breast? *We added the information in the text of the article*

that the histology samples were lost, that is why we had no opportunity to compare the samples and do the sequencing in rectum GIST. The sequencing was not done in 2016.

3. When describing the history of disease, it better should follow the time sequence, so the radiology finding had better be integrated into its disease development. *We change the sequence in the article and integrated the radiology findings into the disease development.*

4. Do you think some clinical symptoms together with specific laboratory examinations should be added in the disease history? *The patient had only one symptom of the disease – tumor in her right breast – we added it to the Chief complaints*

4. About the figure1C and D, arrows or other indications should be used in the pictures to mark the characteristics mentioned in the figure legend. *We changed the figures and added arrows.*

5. You mentioned strong cytoplasmic expression of CD34, but didn't display with illustration. *We added the photo with CD 34 staining.*

Reviewer #4:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: 1. CLINICAL CASE: a) Consider remodeling your "History of presenting illness, medical history, Family and Social history, Clinical presentation, assessment, and provisional diagnosis" more clearly prior to elucidating the investigations, and with a nice flow of serial events throughout the course of patient's illness from early onset to late.

We changed the main structure of the article according the journal requirements, divided into: chief complains, history of past illness, history of present illness, personal and family history, personal and family history, physical examination, laboratory examination, imaging examinations, multidisciplinary expert consultation, treatment, final diagnosis, outcome and follow up.

b) Consider stipulating the ethnicity and concurring risk factors for rectal tumors associating with the patient. A Smoker? Immunosuppressed? etc.

We added the information, personal and family history, patient was not a smoker and immunosupressed.

2. FIGURES: Consider combining the images; A and B should be Combined, C and D should be combined, E and F should be combined, G,H and I should be combined. *We combined the images according to your advice.*

3. CONCLUSION: Should elaborate the findings and justify a diverse knowledge gap/problem as well as stipulating the importance and/or consequence of knowing and/or not knowing the "Knowledge gap" for the readers to clearly grasp the concept. At least 1-2 paragraphs suggested. *We changed the conclusion.*

4. GENERAL: Grammar emphasis and improvement is essential. Paraphrase the manuscript and have an appealing presentation. Overall, I concur with the uniqueness of the Case report. Good work!