Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a well-written case report of a rare condition. Several points for improvement in this manuscript are outlined below: 1. Were tumor markers measured preoperatively? If so, please provide the details. 2. If there are non-contrast CT images available, please add them. Additionally, include cross-sectional images that show the relationship between the lesion and the diaphragm. 3. Was fine-needle aspiration (FNA) performed during EUS? If so, it might have allowed for a more accurate preoperative diagnosis. 4. The final diagnosis should be described after the treatment. 5. If there are surgical photos illustrating the continuity between the stomach and the lesion, please present them. Furthermore, if corresponding CT images are available, it would be even better. 6. Could the authors discuss what diseases were considered as preoperative diagnoses? Please refer to Table 1 while discussing this point.