

Dear reviewers,

Thank you for reading our manuscript and reviewing it, which will help us improve it to a better scientific level. We revised our manuscript, and some changes have taken place. So, we have sent the revised manuscript to you with changes marked in red. At the following, the points mentioned by the reviewers will be discussed:

Reviewer #1 comments:

#1 I would suggest to revise the English and check the abbreviations.

Thank you for your comments. In order to avoid any language problems and better polish our revised manuscript, we have submitted our paper to a new language editing company and then upload the certificate. Please see if the revised version met the English presentation standard. Additionally, we have added Abbreviations after Conclusion in the full-text file and checked for all the abbreviations in this review to make sure all of them are under the rules.

#2 I would add more recent literature in the field (studies not older than 5 years).

Thank you for your suggestion. We have browsed all the latest (studies not older than 3 years) articles related to the BET family and gastrointestinal cancers including CRC, GC, pancreatic cancer and liver cancer in the PUBMED. And then we added the references at suitable places and listed all the changes as follow.

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#3 Future perspectives of BET proteins in this context should be emphasized in the conclusion.

Thank you for your comment. We have mentioned BET inhibitors failed to administrate as single agents by far. Then we interrogated the recent development of BET inhibitors in reducing the toxicity and enhancing drug sensitivity. Selective BET inhibitors, modified clinical stage BET inhibitors or synergistic inhibitions may contribute to solve the situation that BET inhibitors show poor response in GI cancer treatment. With the in-depth understanding of BET proteins' structure and mechanisms, BET inhibitors emerge as the promising agents for the GI cancer treatment.

Revision Conclusion as follow:

BET inhibitors have emerged as a new possible strategy for the treatment of GI cancers in recent years. However, either nondurable cytotoxic effects, such as thrombocytopenia and gastrointestinal disorders[95] or drug resistance makes BET inhibitors fail to be administrated as single agents by far. To achieve better selectivity and reduce unwanted toxicities, BET inhibitors continue to be updated, increasing their potential in cancer treatment.

The first-generation pan-BET inhibitors have been identified to suppress GI cancer in preclinical results, however, the inevitable side effects limit their clinical applications. Hence, drug discovery efforts concentrate on selectively inhibiting BET proteins[96]. Selective BD inhibitors achieved almost equally efficiency in cancer to the pan-BET inhibitors [97] and showed less toxicity [98]. A set of selective BD inhibitors help to understand the role of BD in cancers and further focusing on specific BD perturbations may provide more efficiency and tolerability in GI cancers treatment.

Another approach to acquire selective inhibition is to target each BET family members. Since BRD4 is the predominant BET protein that mediates the development of GI cancers, selective BRD4 inhibition may have a better outlook. New BRD4 degraders ARV-825 and A1874 that have already shown their antitumor efficiency in preclinical results support further clinical development of BET inhibitors in GI cancers.

Other strategy to improve the efficacy and pharmacokinetic property of BET inhibitors is via modulating their structure. After modification, these major clinical stage BET inhibitors acquire better tumor killing capacity with minimal IC50 in multiple solid tumors[99]. The optimistic preclinical result makes it possible to treat GI cancer with single agents.

Additionally, synergistic inhibition provides an optimistic prospect for increasing the

efficacy of BET inhibitors. The preclinical and clinical results verify high potential in combinational therapy. The resistance to BET inhibitors will be overcome if combined with drugs targeting the pathways that cause resistance[48]. Besides, the dosage will be decreased dramatically if combined with drugs rendering GI cancers more sensitive to BET inhibitors.[100] Without a doubt, BET inhibitors emerge as a promising avenue for the GI cancers treatment.

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Finally, thanks again for your comments. Admittedly, your comments help me and my manuscript a lot. We hope our response could satisfy you.

Millions of thanks.

Yours sincerely

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