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Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (High priority)
Specific Comments to Authors: This review provides a comprehensive summary of the latest advances in treating duodenal gastrointestinal stromal tumors. The evidences are profound and the conclusion is sound. I approve the publication of this review.

*My reply: Thank you and I agree with Reviewer 1 that the evidence is profound, and the conclusion is sound.*

Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors: WJGO_68004 Lim KT et al reviewed current treatment and diagnosis of duodenal gastrointestinal stromal tumors. Treatment for D-GIST includes various procedures such as endoscopy, open surgery, and minimally invasive surgery. However, the indication of each treatment procedure is controversial. This manuscript will be valuable for all gastroenterologists and surgeons. 1. This is a review article, and the whole paper should follow the typical style for a review article. 2. The authors showed several procedures for D-GIST in this report. However, the indication of each procedure was not shown. It will be better to should show the data of outcomes of each treatment procedure and the diagnosis procedure based on the literatures. 3. According to ESMO and EURACAN clinical practice guidelines for diagnosis, duodenal nodules 2 cm should have EUS assessment and follow-up without surgery. Furthermore, the authors described that EUS, CT or MRI scans are important for interval surveillance of D-GIST 2 cm in size. However, it is difficult to detect small tumors by CT and MRI. Which is the best modality for surveillance of small D-GIST? How often should perform imaging study for surveillance? 4. How often and with what kind of imaging modalities should we follow the patients who underwent surgical resection? 5. We believe that preoperative histological confirmation will be important to decide the treatment plan. EUS-FNA is often required for preoperative histological diagnosis for duodenal GIST, and it will be safe to perform EUS-FNA within the duodenum. It will not be contraindication. 6. In the discussion part, the authors described the advantages of laparoscopic LR (1st paragraph of the discussion part), advantages of L-PSD against L-PD (4th paragraph of the discussion part), risk factors of recurrence (12th paragraph of the discussion part). However, data to support these are not found in this manuscript. The authors should show the data. 7. The authors present several endoscopic treatment procedures including STER, POET, EFTR, LAER, LECS, LAEFR, and EAWR. Original papers of these treatment procedures should be cited in the references.

**SPECIFIC COMMENTS TO AUTHORS**
WJGO_68004

Lim KT et al reviewed current treatment and diagnosis of duodenal gastrointestinal stromal tumors. Treatment for D-GIST includes various procedures such as endoscopy, open surgery, and minimally invasive surgery. However, the indication of each treatment procedure is controversial. This manuscript will be valuable for all gastroenterologists and surgeons.

*My reply: I would like to challenge some of the comments from reviewer 1. The indication of each*

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*treatment procedure is not controversial but must be selective with appropriate expertise and experience. More importantly, the guiding principle is for any D-GIST >2 cm, it should be resected. One must bear in mind even D-GIST < 2 cm may have higher grade of mitotic count and hence may warrant resection too. I have added a new paragraph 1 under the subheading Surgical Management and Approach Consideration.*

1. This is a review article, and the whole paper should follow the typical style for a review article.

*My reply: I have written this review article according to the guidelines for manuscript preparation, submission and manuscript format under Guidelines for authors: Review as per BPG website.*

2. The authors showed several procedures for D-GIST in this report. However, the indication of each procedure was not shown. It will be better to should show the data of outcomes of each treatment procedure and the diagnosis procedure based on the literatures.

*My reply: The general indication for surgical resection is under subheading Surgical Management and Approach Consideration, 1st paragraph. The outcomes of each different surgical treatment approach such as LR, WR, SR, PD, PPPD were already summarized in Table 1 in the original manuscript. Similarly, the diagnostic procedures were already covered under the subheading Preoperative Diagnosis and Staging Scans in the original manuscript.*

3. According to ESMO and EURACAN clinical practice guidelines for diagnosis, duodenal nodules < 2 cm should have EUS assessment and follow-up without surgery. Furthermore, the authors described that EUS, CT or MRI scans are important for interval surveillance of D-GIST < 2 cm in size. However, it is difficult to detect small tumors by CT and MRI. Which is the best modality for surveillance of small D-GIST? How often should perform imaging study for surveillance?

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*My reply: Under the subheading Preoperative diagnosis and Staging Scans, 4th paragraph, I have already quoted EUS has higher sensitivity and positive predictive value than CT and MRI scans, therefore EUS remains a better modality for surveillance of small D-GIST. I have added a new point in paragraph 8 under the same subheading to address the debatable frequency of surveillance study.*

4. How often and with what kind of imaging modalities should we follow the patients who underwent surgical resection?

*My reply: Under the subheading Preoperative Diagnosis and Staging Scans, I have included a new point on paragraph 8 with a new reference [30].*

5. We believe that preoperative histological confirmation will be important to decide the treatment plan. EUS-FNA is often required for preoperative histological diagnosis for duodenal GIST, and it will be safe to perform EUS-FNA within the duodenum. It will not be contraindication.

*My reply: I agree. This has been robustly covered under the subheading Preoperative Diagnosis and Staging Scans.*

6. In the discussion part, the authors described the advantages of laparoscopic LR (1st paragraph of the discussion part), advantages of L-PSD against L-PD (4th paragraph of the discussion part), risk factors of recurrence (12th paragraph of the discussion part). However, data to support these are not found in this manuscript. The authors should show the data.

*My reply: I have added detailed data description of the advantages of Laparoscopic LR (1st paragraph under Discussion subheading), advantages of L-PSD against L-PD (4th paragraph of the discussion part). The risk factors of recurrence (12th paragraph of the discussion part) already cited in references [32, 54, 61, 62, 66], discussed in paragraph 13 and summarized in Table 3.*

7. The authors present several endoscopic treatment procedures including STER, PO-

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ET, EFTR, LAER, LECS, LAEFR, and EAWR. Original papers of these treatment procedures should be cited in the references.

*My reply: New references [45-48] for STER, POET, ETFR are now added. I have previously cited the references [42, 50-53] for LAER, LECS, LAEFR and EAWR.*

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2 Editorial Office's comments

1) Science Editor: 1 Scientific quality: The manuscript describes a review study of the expression of current surgical management of duodenal gastrointestinal stromal tumors. The topic is within the scope of the WJG. (1) Classification: Grade B and Grade C; (2) Summary of the Peer-Review Report: The authors reviewed current treatment and diagnosis of duodenal gastrointestinal stromal tumors. Treatment for D-GIST includes various procedures such as endoscopy, open surgery, and minimally invasive surgery. However, the indication of each treatment procedure is controversial. The questions raised by the reviewers should be answered. (3) Format:There are 3 tables and7 figures; (4) References: A total of 62 references are cited, including 16 references published in the last 3 years; (5) Self-cited references: There are 0 self-cited references. 2 Language evaluation: Classification: Grade B and Grade B.68004-Non-Native Speakers of English Editing Certificate.pages 3 Academic norms and rules: no. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5The "Author Contributions" section is missing. Please provide the author's contributions; 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance;

*My reply: Thank you. The author contribution was already clearly written on page 1 of the original manuscript after the ORCID number.*

2) Editorial Office Director:

3) Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Gastrointestinal Surgery.

*My reply: Thank you for your recommendation.*

Company Editor-in-Chief:I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure to the manuscript.

My reply: I have included the Figures Legends in the Auto-Edit manuscript file. I have saved the Figures and Tables in a separate Word document uploaded under the Supplementary Material. I have also uploaded new Image File and Table File as per Guidelines for editing review articles.