

Thanks to the editors and reviewers for all the questions!

We have resolved all issues in the manuscript based on the peer review report and made a point-by-point response to each of the issues raised in the peer review report.

According to Reviewer #1:

1. For figure 1 to figure 6, please add arrow or circle to clearly indicate the tumor area in the images. 2. In figure 7, please layout a panel that shows all four staining images and clearly label the staining markers. 3. Please provide the information of GIST grading and staging.

Reply:

1. For figure 1 to figure 6, we have added arrow or circle to clearly indicate the tumor area in the images.
2. In figure 7, we have layouted a panel that shows all four staining images and clearly label the staining markers.
3. We have provided the information of GIST grading (intermediate-risk) and staging (clinical staging: T3NOMO) . (Page7)

According to Reviewer #2:

1. GIST in the small intestine itself is rare, but this case is relatively typical and not unusual. 2. The reason for performing angiography is not stated. Also, the reason for performing embolization is not clear. Commonly, surgical resection should be performed immediately instead of tumor embolization. 3. The details of the surgery are not described. 4. There are no intraoperative photographs or pictures of excised specimens. 5. The GIST in the small intestine is usually highly malignant. Adjuvant chemotherapy should be considered. It must be stated why you chose the surgery alone for this patient. 6. There are few references. The references for GIST in the small intestine should be listed and summarized as possible.

Reply:

1. GIST in the small intestine itself is rare, and the CT manifestations of this lesion are typical. However, the focus of my choice of this case is that the wandering of this lesion is relatively rare, and the DSA manifestations of the disease are listed in the control, thank you for your comments.
2. We have to choose to perform DSA embolization to stop bleeding because laboratory data showed a low range of red blood cells and immediate surgery was contraindicated. We have not focused on this reason before, but this revision has been added.
3. We've added the details of the surgery are not described.
4. There are no intraoperative photographs or pictures of excised specimens due to there is no record during the operation.
5. By asking about the clinic, it was learned that the patient was followed by imatinib treatment. We have just paying attention to the surgery and DSA treatment is really one-sided, thank you for asking questions, thank you!
6. We have added more references for GIST in the small intestine.

According to Reviewer #3:

How did not the patient seek medical advise despite having melena for 6 years?? For melena to develop, the tumor should note beyond the duodenum You did not mention if it was low risk or high risk Gist and if there was any possibility of metastasis.

Reply:

- 1.We have added the "History of present illness" : The patient reported that the passage of black stool was repeated 2 to 3 times in the last 6 years, and his condition improved after he was administered Yunnan Baiyao and omeprazole. The specific medication regimen is unknown, and the patient terminated the medication after the bloody stool disappeared. (Page 5)
- 2.This case is clinically presented with melena, and the tumor is indeed located in the jejunum.
3. We have added "Histopathological examination confirmed it was of an intermediate-risk." (Page7)

According to Reviewer #4:

First of all introduction and discussion section are too short. Please add two more paragraphs in introduction section and separated the aim of the manuscript in a different paragraph. Discussion section has to be more extensive with more information regarding GIST pathology, origin, epidemiology and a separated paragraph about special cases as synchronous GISTS (PMID: 33447349). Moreover, please add a paragraph about treatment and prognosis. Moreover, language editing has to be revised.

Reply:

- 1.We've added introduction and discussion section.
- 2 . We've added more information regarding GIST pathology, origin, epidemiology in discussion section.
- 3.We've added a separated paragraph about special cases as synchronous GISTS (PMID: 33447349). (Page 8)
- 4.We've already enumerated treatment and prognosis in " TREATMENT " and "OUTCOME AND FOLLOW-UP". Do you think this will work?
- 5.We have edited the language of the article through the company " Editage (www.editage.cn)".