

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568

E-mail: bpgoffice@wjgnet.com https://www.wjgnet.com

Reviewer#1

Specific comments to authors

For gastrointestinal mesenchymal tumors, the sensitivity of a single tumor marker is low, and there is a certain degree of underdiagnosis. Therefore, the combined detection of tumor markers is necessary for the diagnosis of GIMT. The present study analyzed the expression of CEA, AFP, CA19-9, CA-125 and CYFRA21-1 in patients with gastric mesenchymal and smooth muscle tumors to provide a reference for clinical diagnosis. The results showed that CEA levels varied among the three groups in the following order: the gastric mesenchymal tumor group > control group > gastric smooth muscle tumor group, and CA19-9 levels varied in the following order: the gastric mesenchymal tumor group > gastric smooth muscle group > control group, suggesting that CEA and CA19-9 were differentially expressed in patients (or volunteers) with different gastric lesions. The topic is actual and well described. Specific comments: 1. limitation of the current study should be discussed in the DISCUSSION part. I also suggest combining some previous studies with the results of your current study to discuss them in detail. 2. Table 1 is not noted in the text. 3. The patient's age, BMI and other information should be the general information results of the patient, and it is recommended to put this part in the results section. Congratulations!

Dear [Reviewer],

Thank you for your valuable comments and suggestions on our manuscript. We appreciate your positive feedback and are glad that you found the topic relevant and well described. We have carefully considered your specific comments and have addressed them accordingly in the revised manuscript.

1.Limitations: In the Discussion section, we will now include a dedicated paragraph



7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

https://www.wjgnet.com

discussing the limitations of our study. We will acknowledge any potential shortcomings, such as the retrospective nature of the analysis and the need for further clinical validation of the identified biomarkers. Additionally, we will integrate relevant previous studies to provide a more comprehensive discussion of our findings in light of existing literature.

2. Table 1: We apologize for the oversight in not referring to Table 1 in the text. In the revised manuscript, we will ensure that Table 1 is properly mentioned in the appropriate context within the text.

3.Patient information: We agree with your suggestion regarding the patient's age, BMI, and other relevant information being presented as general results. In the revised version, we will move this section to the Results section, where it will be appropriately placed alongside other demographic data.

Once again, we sincerely appreciate your constructive feedback and your positive evaluation of our work. We will make the necessary revisions based on your suggestions to improve the quality and clarity of our manuscript. If you have any further recommendations or concerns, please do not hesitate to let us know.

Thank you again for your time and attention to our study.

Best regards,

[Wen-jun Nie]



7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com **https:**//www.wjgnet.com

Reviewer#2

Specific comments to authors

Very interesting study. The article is well-written and fluent. However, I have some doubts about the research purpose of this manuscript. The purpose and aim of this study are to discuss the value of enhanced CT in the differential diagnosis of gastrointestinal stromal tumors and leiomyomas. However, there is no relevant description about the diagnosis of enhanced CT in the research method, and more description is the expression of CEA, AFP, CA19-9, CA-125 and CYFRA21-1 in patients with gastric mesenchymal and smooth muscle tumors. So, does this study focus more on the value of enhanced CT in the differential diagnosis of gastrointestinal stromal tumors and leiomyomas, or is the Kappa test used to analyze the consistency of combined CEA and CA19-9 detection in the identification of gastric mesenchymal tumors? This should be clearer to the authors and readers. In addition, please revise the results and discussion section according to different study objectives.

Dear [Reviewer],

1.Research focus: We apologize for any confusion caused by the lack of description regarding the diagnosis of enhanced CT in the research method. In the revised version, we will provide a more explicit explanation of the methodology used for enhanced CT in the differential diagnosis of gastrointestinal stromal tumors and leiomyomas. We will highlight the value of enhanced CT as an important diagnostic tool in distinguishing between these tumor types.

2.Study objectives: We agree with your suggestion to revise the Results and Discussion sections according to the different study objectives. In the revised manuscript, we will clearly delineate the two main aspects of our study: the assessment of enhanced



7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

https://www.wjgnet.com

CT in the differential diagnosis of gastrointestinal stromal tumors and leiomyomas, and the analysis of the consistency of combined CEA and CA19-9 detection for identifying gastric mesenchymal tumors. This clarification will help readers better understand the specific goals and outcomes of our research.

We genuinely appreciate your valuable feedback, which will undoubtedly help improve the clarity and focus of our manuscript. If you have any further recommendations or concerns, please do not hesitate to let us know.

Thank you again for your time and attention to our study.

Best regards, [Wen-jun Nie]