Title: Inflammation-related indicators to distinguish between gastric stromal tumors and leiomyomas: a retrospective study

Department of General Surgery

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Dear editor

We would like to thank reviewer valuable suggestions. Our manuscript has been revised based on every comment from the reviewers (see the next pages for details). We sincerely hope that the paper is now suitable for publication on World Journal of Gastrointestinal Oncology. If you have any questions, please do not hesitate to contact me.

Regards

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Reviewer 1

Comment:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Dear Authors. This is a good written, original reseaerch. İnflammatory markers are important in medicine to predict the tumor biology, progress of some diseases, other conditions etc. There is an

aim to explore the differences in PLR, NLR, LMR, and SII between the leomyomas and stromal tumors and this reseaerch will provide a new method for differential diagnosis for clinicians. Material methods, exclusion criterias, statistical analysis and references are good. Congratulations.

Reply: Reviewer give me a high priority and do not need to revised.

Changes in the text:

Add the calibration plot for the nomogram to clarify the ability of distinguish the tumor between the leomyomas and stromal tumors.Figure 2 is shown in the paper and the image file.We also explained the result of the calibration plot and corrected some errors in article.

Science editor

1 Scientific quality: The manuscript describes a retrospective study of the inflammation-related indicators to distinguish between gastric stromal tumors and leiomyomas. The topic is within the scope of the WJCC. (1) Classification: Grade A; (2) Summary of the Peer-Review Report: This is a good written, original research. This research will provide a new method for differential diagnosis for clinicians; (3) Format: There are 4 tables and 1 figure; (4) References: A total of 20 references are cited, including 3 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A. A language editing certificate issued by Editage was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form, and the written informed consent. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by Beijing Municipal Science and Technology Commission. Beijing Municipal Administration of Hospitals Incubating Program. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (4) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance. Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade A (Excellent)

Comments 1: The "Author Contributions" section is missing. Please provide the author contributions.

Reply:I have revised the manuscript as advised.

Changes in the text: Add the "Author Contributions" section in the paper.

Comments 2: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Reply: I have revised the manuscript as advised.Please see the PPT.

Changes in the text: No need to change in the text.

Comments 3:PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout

Reply: I have revised the manuscript as advised.

Changes in the text: Add the PMID and DOI numbers in the reference.

Comments 4: The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Reply: I have revised the manuscript as advised.

Changes in the text: Add the "Article Highlights" section.

Company editor-in-chief:

Comment: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 Clinical Cases, 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. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Comment 1: Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

Reply: I have revised the manuscript as advised. Please see the PPT.

Changes in the text: No need to change in the text.

Comment 2: Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Reply: I have revised the manuscript as advised.

Changes in the text: Please see the next page.

Characteristics	GIST group（N=88）		Gastric leiomyoma group(n=56)		P
	NO	%	NO	%	
Gender(male/female)	47/41	53.4/46.6	18/38	32.1/67.9	0.012*
Age(median)	61.1		50.1		0.00*
ECOG					0.31
0	86	97.7	52	92.8	
1	1	1.1	3	5.3	
2	1	1.1	1	1.7	
Tumor location					0.00*
Cardia	3	3.4	25	44.6	
Fundus	46	52.2	20	35.7	
Body	27	30.7	8	14.3	
Antrum	12	13.6	3	5.3	
Diameter					0.122
≤2cm	11	12.5	14	25	
2-5cm	54	61.4	32	57.1	
≥5cm	23	26.1	10	17.9	

Table 1 Baseline characteristics of patients in GIST group and Gastric leiomyoma group.

	GIST（n=88）	Gastric leiomyoma(n=56)	t	P
PLR	158.2±8.7	134.3±6.2	2.217	0.028*
NLR	2.35±0.17	1.68±0.08	3.617	0.00*
LMR	5.76±0.56	10.82±1.62	2.956	0.004*
SII	546.2±49.3	384.3±22.1	2.993	0.003*

Table 2.Inflammation indicators of the two groups.

	Group	β	SE	Wald	P	OR	95%CI
Gender	male	-	-	-	-	1	-
	female	1.548	0.548	7.97	0.005	4.7	1.605-13.762
Age		-0.097	0.024	16.939	0	0.907	0.866-0.950
Tumor locations	Cardia	-	-	-	-	1	-
	Fundus	-3.501	0.804	18.948	0	0.03	0.006-0.146
	Body	-3.572	0.854	17.482	0.001	0.028	0.005-0.150
	Antrum	-3.315	1.039	10.19	0.001	0.036	0.005-0.278
LMR		0.092	0.042	4.715	0.03	1.096	1.009-1.191

Table 3.Logistic regression analysis results

	low-risk GIST（n=56）	Gastric leiomyoma(n=56)	t	p
PLR	146.1±9.9	134.3±6.2	0.992	0.324
NLR	2.17±0.17	1.68±0.08	2.451	0.016*
LMR	5.42±0.32	10.82±1.62	3.267	0.002*
SII	484.5±56.1	384.3±22.1	1.661	0.101

Table 4.Subgroup analysis of low-risk GIST and gastric leiomyoma.