

## **Answering Reviewers**

**Reviewer's code:** 04031726

### **SPECIFIC COMMENTS TO AUTHORS**

First of all, I would like to thank the Editor in Chief for the invitation to review this article. I want to congratulate the authors. A very well written article, concise, direct, well structured in the rules imposed by the newspaper and of great contribution to the academic community. The authors bring us a series of cases of patients with GIST who underwent full-thickness endoscopic resection followed by the closure of the surgical bed with endoscopic suture. This is simply unbelievable, groundbreaking and I wonder how much benefit it brings to patients in avoiding major surgery, with a high risk of complication by natural orificial means with endoscopy. The conclusion of the article already says a lot: "This novel technique may be an alternative to surgery in selected cases of gastric perforation", surely, after the publication of this article, many patients who have for example tiny perforated ulcers, post-use perforation of intragastric balloon and even sutures following procedures such as polypectomy and mucosectomy may benefit from this technique. I also want to congratulate the authors on the grammar and spelling of the manuscript, worthy of Harvard Medical School members.

### **Answer:**

On behalf of the entire team, we would like to thank the reviewer for his time in reviewing our article and for the written words.

**Reviewer's code:** 02954782

**SPECIFIC COMMENTS TO AUTHORS**

I am pleased to have a chance to review this manuscript. This is well written a case report entitled " The use of omental patch and endoscopic closure technique as an alternative to surgery after EFTR of GISTs - A series of cases "

Major comment; You have to add the below journal in your reference list. IF you do not, you have to explain the reason. Clin Endosc. 2019 May; 52(3): 283-287 Omental Patching and Purse-String Endosuture Closure after Endoscopic Full-Thickness Resection in Patients with Gastric Gastrointestinal Stromal Tumors Faisal Inayat,<sup>1</sup> Aysha Aslam,<sup>2</sup> Mathew D. Grunwald,<sup>3</sup> Qulsoom Hussain,<sup>4</sup> Abu Hurairah,<sup>3</sup> and Shahzad Iqbal<sup>5</sup> Minor comment; In Table 1. The following abbreviations (EFTR, GIST) should be explained in footnotes. Thanks.

**Answer:**

I would like to thank the reviewer for his time in reviewing our article and for his suggestions.

We have included the quote from the cited manuscript.

As for table 1, I apologize for not including the abbreviations. We have now made this addition as well.

Thank you for these suggestions.

**Reviewer's code:** 03285323

**SPECIFIC COMMENTS TO AUTHORS**

I have read the manuscript entitled "The use of omental patch and endoscopic closure technique as an alternative to surgery after endoscopic full thickness resection of gastric intestinal stromal tumors - A series of cases." In this manuscript, the authors report three cases of gastrointestinal stromal tumors (GIST) located on stomach which are treated by endoscopic closure technique using omental patch after endoscopic full thickness resection as an alternative to surgery. In general, this is an instructive manuscript which would contribute the literature with an innovative approach. However, I have some comments/suggestions for its improvement which are: i) English needs polishing; ii) the title could be revised as "Endoscopic closure technique using omental patch after endoscopic full thickness resection of gastrointestinal stromal tumors as an alternative to surgery - Report of three cases"; iii) this is not a case series, therefore it could be said that report of three cases; iv) some abbreviations are inappropriate; v) use "GIST located on stomach" instead of "gastric GIST"; vi) Figure 2 could be removed; vii) the sentence of "A retrospective study from Japan by Manami et al. revealed that endoclips are an effective conservative closure method for perforation caused by EMR.[11,12]" refer the reference 12, so citation of ref. 11 should be removed from there.

Initially, I would like to thank the reviewer for his assessment. We greatly appreciate and will follow your suggestions; We will further review the English and we will adjust the references. As for the title, it cannot be modified because this is a article that was invited by the World Journal of Clinical Cases.