

## ANSWERING REVIEWERS



March 15, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7224-review.doc).

**Title:** Long-term survival after enucleation of a giant esophageal gastrointestinal stromal tumor

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 7224

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) In the case represent, we based on two points for choosing the treatment of enucleation the mass: First, we didn't diagnose GIST before the surgery, we first diagnosis was leiomyoma. Second, the patient just 29 years old, if we have done esophagectomy for him, his quality of life was low.

(2) We add discussing resection margin and adjuvant treatment about these points in the revision

(3) It is extremely important to avoid tumor rupture in the surgery because it is associated very poor outcomes. The tumor should not be held with forceps and should be handled gently. If there is any possibility of tumor rupture, an en bloc combined with a resection or even abandoning surgery and converting to neoadjuvant treatment should be considered. In the case present, we sutured and then dragged the tumor through the stitch during the operation to avoid rupturing the tumor. All the procedures in the enucleation were out of pseudocapsule. We must make sure that the enucleated tumor with unbroken pseudocapsule negative margins. Patients with wild-type GISTs are less responsive to imatinib-based therapies In the case present, the patient were wild-type GIST, so he didn't take the adjuvant treatment.

(4) We do the immunohistochemistry for DOG1, smooth muscle actin, desmin and calponin. We found that positive for DOG1 and smooth muscle actin, and weak positive for calponin, negative for desmin.

(5) According to NCCN Task Force Report, SMA expression rare in GISTs of the esophagus (10%–13%). Desmin was seen only occasionally. In contrast to GIST, leiomyoma and leiomyosarcoma are positive for SMA and desmin and negative for KIT, DOG1 and CD34. In the case present, we found that positive for CD117, PDGFRA, DOG1, CD34 and smooth muscle actin, weak positive for calponin, negative for desmin. So the diagnosis of GIST was affirmed.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,  
叶艺旺

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