

First of all, we are sincerely appreciate precious time and professional comments to our manuscript from all reviewers, editors and relevant staffs. And we deliver our revision after careful preparation. The text has been modified and some errors or flaws have also been corrected according to your comments with expertise. We will response the comments point-to-point as follow:

Reviewer 1

Comment 1: "The authors report that a CT scan was performed. Which was the enhancement pattern of the lesion? The CT dynamic phases should have been highlighted the presence of necrotic tissue inside the lesion. For this reason, a more precise location where direct the biopsy should be known."

Response 1: Thank you for your comments. The 3 pictures in figure 1 are the enhancement pattern of the lesion, and the low density area indicated liquefaction necrosis. As you said, the modality indicating the existence of necrosis was CT, not ultrasound. Therefore we performed CEUS right before puncture to avoid procuring necrotic tissues. We added the statement and figure markers to make it clear.

Change in the text: We have added some details in text in P7L15. And we add a marker representing necrosis in figure 1 (P16).

Comment 2: "How the authors justify the lack of sufficient material for the diagnosis: a problem related to the FNA or to the necrosis?"

Response 2: Thanks for the question. The first biopsy in our hospital was transabdominal CNB, not FNA, and the process ended prematurely because vaginal hemorrhage developed. The lack of sufficient material was indicated by subsequent pathological diagnosis.

Change in the text: We modified the explanation in P7L3-7.

Comment 3: "Various studies compared the EUS-FNA and EUS-FNB efficacy for the diagnosis of GIST and a superiority for EUS-FNB is reported. What the authors think about EUS-FNB? Could FNB have led to the diagnosis right away? What are the advantages of ERUS according to the authors? I think it should be specify in the text."

Response 3: Thank you for reminding. In our view, EUS-FNB is still the commonest biopsy mode for GIST. However, it requires adequate preoperative bowel preparation, and the risks of infection and hemaecia are higher in transrectal approach than transperineal one. Also, the technique of EUS-FNB is more difficult, and it requires complex instruments, leading to unavailability in primary hospital. Freehand transperineal CNB guided by ERUS possesses both advantages of high resolution and low risk of infection. And it can be carried out under local anesthesia in outpatient department, safe but not time or money costing. This method also reduce the application of antibiotics.

Change in the text: We added some discussion and references in P10-11.

Reviewer 2

Comment 1: "P4L5, please added the correct durations."

Response 1: Thanks for pointing out this insufficiency of abstract conclusion. No recurrence or metastasis has been found by the last follow-up in Dec 13th, 2019, and we added it into the text.
Change in the text: We have added the durations in P3L17 and P9L4.

Comment 2: "P4L18, Unsuccessful -> unsuccessful."

Response 2: Thank you for reminding. We apologize for our careless mistake and corrected it.
Change in the text: We have corrected the letter case in P4L8.

Comment 3: "P5L8, SELs -> subepithelial lesions (SELs)."

Response 3: Thank you for reminding this abbreviation checking flaw. We have checked the abbreviation carefully in revised manuscript.
Change in the text: We have modified the abbreviation in P4L22.

Comment 4: "P10L19, succeeded -> succeeded."

Response 4: Thanks for pointing out the spelling mistakes. We apologize for our careless mistake again and checked the words in revised manuscript.
Change in the text: We have corrected the spelling in P10L19.

Reviewer 3

Comment 1: "My only concern are the limitation of this technique, that the authors underline in the discussion , i.e high-position of the lesion beyond the display limit of the probe as well as in patients with anal stenosis. My suggestion is to underline these limit also in the abstract conclusions."

Response 1: Thank you for kind reminding. We added a general statement of limitations in abstract conclusions due to space restrict, but detailed limitations were added into final conclusions.

Change in the text: We added the limitation in the abstract conclusions in P3L20 and P11L20.