

Editor-in-Chief, *World Journal of Gastroenterology Surgery*
Jun 12, 2021

Dear Editor in Chief,

Previously, this article was submitted to *World Journal of Gastroenterology*, and we deeply appreciated the reviewers' constructive comments. We have revised this manuscript as required.

In response to the comments, we have addressed reviewers' comments. The modifications are listed in detail on the attached sheet. We hope that you will find this revised edition suitable for publication.

I have read and abided by the statement of ethical standards for manuscripts submitted to *World Journal of Gastroenterology Surgery*, and this manuscript is in accordance with the authorship statement of ethical standards for manuscripts submitted to *World Journal of Gastroenterology Surgery*.

We strongly believe *World Journal of Gastroenterology Surgery* is the ideal forum for our manuscript. Please do not hesitate to contact me with any questions.

Sincerely
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Reviewer #1:

In the methods it would be worth detailing e.g., what the primary and secondary outcomes of this study were. - Overall a comprehensive and detailed manuscript suitable for publication.

Thank you very much for acknowledging the integrity of the study. We added the primary and secondary outcomes in PATIENTS AND METHODS. (page7, line 14-16).

Reviewer #2:

In this manuscript, Hao W et al. investigated the association between OPNI and RFS. Although the results seem to be informative in clinical practice, deep investigation and discussion is required to support the results.

Thank you for the careful review of our manuscript and the constructive comments.

Several concerns are listed below:

1. Introduction - Although the authors introduced NLR and PLR as relevant factor for tumor microenvironment, the association between NLR/PLR and OPNI is not clearly described. Why the authors focused on OPNI but not NLR/PLR?

We appreciate this very useful comment for improvement. NLR and PLR have a strong internal correlation with OPNI. We have analyzed the correlation between NLR, PLR, OPNI and tumor size and mitotic count in this paper. K-M curve and COX regression were used to conduct single-factor and multi-factor analysis to determine which is the most sensitive bio-marker.

2, Methods - “H and E staining” would be Hematoxylin and eosin staining - Please add how the mitotic index was assessed.

Thanks to the very useful advice. We added the methods that how the mitotic index was assessed. (page7, line 1-2).

3. Results - “A lower OPNI was associated with the primary tumor location” Please specify the location.

Thank you very much for this very important comment. We added the correlation analysis of clinicopathologic parameters with OPNI, NLR, PLR and Ki-67 index were shown in the supplements table1-4.

4. - Table 4. Univariate analysis; As the OPNI is calculated from albumin and lymphocyte count, I am curious about the association between recurrence and these factors.

We appreciate this important comment. We conduct ROC analysis for Albumin and

Lymphocyte count in supplements table5. (page 9, line 21-23)

5. - About the multivariate analysis, it will be better to check if the explanatory variables were not correlated.

We appreciate this useful comment We performed the collinearity diagnostics of all the explanatory variables to exclude the internal correlation. (page 9, line 26-29).

6. Discussion - Discussion about the association of low OPNI and high recurrence is not sufficient.

Thank you for this important comment. We added the association . of low OPNI and high recurrence in Discussion. (page 12, line 3-8).

7. - Please clarify “A low OPNI may be the result of hypoproteinemia and/or lymphopenia”

We appreciate this useful advice. As mentioned before, the OPNI was calculated as the serum albumin (g/L) + 5 × total lymphocyte count (10⁹/L). So,we can safely supposed that “A low OPNI may be the result of hypoproteinemia and/or lymphopenia”.

8. - If low OPNI is associated with recurrence, how were low albumin level alone or lymphopenia alone related to recurrence?

We appreciate this important advice. We have add the states in the table 4. (page9, line 19-20).

9. - OPNI is the index for nutritional status, that was revealed to be associated with poor survival. It is not fully discussed why the authors observe correlations between OPNI and RFS, since RFS may be determined by the factors relevant to tumor but not the host nutritional status.

We appreciate this important advice. We added the association in Follow-up. (page 7, line 10-11).

10. - Although the authors introduced NLR/PLR as inflammatory markers and showed the associations in univariate analysis, discussion about these results is lacking.

We appreciate this important comment. We added the association in Discussion. (page 12, 9-13).

11. - The authors referred the supplementation of branched chain amino acids to reduce tumor recurrence (ref.24), however this was done for patients with hepatocellular carcinoma with liver cirrhosis. The authors can not conclude with this reference that low albumin level was the reason for poor RFS in patients with GIST.

We appreciate this very useful comment for improvement. We added specific information in Discussion. (page 12, 3-8).