

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript (ID: 73656). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. All amendments are highlighted in yellow color in the revised manuscript. In addition, the point-by-point responses to the comments are listed below this letter.

I hope that the revision is acceptable for publication in your journal, and I look forward to hearing from you soon.

Yours sincerely,

Chenghai He

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Response to Reviewer(s)

Reviewer #1: This case study reported a successful clinical course of a patient presented with large gastric schwannoma (GS) resected using combined laparoscopic-assisted endoscopic full-thickness resection (EFTR) techniques. I have the following comments for the authors to improve the manuscript. The informed consent provided is not in the acceptable style. It is a consent to agree for surgery, not for academic writing. In line 122-123, the authors claimed the following: "body temperature, 309.15 K; blood pressure, 15.99/12.53 kPa..." I think the units applied are misleading. Please use arrows and/or other symbols to label the pathognomonic features in the illustrative histopathological figure 3. It may be useful to add a time line figure to demonstrate the clinical course more easily to the readers. I would recommend the authors to add an additional review table including all reported cases that discuss on the same problem with citing references to support that this is a rare case worth to be presented and published to raise the awareness of the clinician. It may then undoubtedly add contribution to the scarce literature on this particular topic.

Response: Thank you for your kind suggestion.

1. According to your request, we re-signed the informed consent form with the patient.
2. The units of measure have been modified in the revised manuscript.
3. We use arrows to label the pathognomonic features in the illustrative histopathological figure 3.
4. The review table and timeline figure have been made in the revised manuscript to support the case.

Reviewer #2: Thank you all for these efforts and academic writing. ** In paragraph of Physical examination - CASE PRESENTATION: I prefer to put the common units of measure for body temperature (celsius or fahrenheit), blood pressure (mmHg); OR please add the reference range for units that have been used. Kind regards, Reviewer

Response: Thank you for your kind suggestion. The units of measure have been modified in the revised manuscript.

Reviewer #3: This is a case report of combined endoscopic-laparoscopic assisted resection of large gastric schwannoma. Although interesting, this case does not add new or relevant informations on this topic.

Response: Thank you for your kind suggestion. Only a few studies have previously reported gastric schwannoma resection by LECS. By comparing these studies, we found that the details of our surgical operation are different from LECS, but the general principle of treatment is to keep the incision minimal. Additionally, it is very difficult to remove huge submucosal bulges via gastroscopy, and the surgical risk is high. Laparoscopic-assisted endoscopic full-thickness resection can reduce the risk of endoscopic surgery, and at the same time achieve precise resection of lesions, which is worthy of further study.

Science Editor: In this article, the author successfully reported a patient with sizeable gastric schwannoma (GS) resected using combined laparoscopic-assisted endoscopic full-thickness resection (EFTR) techniques. However, unfortunately, there is no description of new evidence in this article. The authors should add a review table including all reported cases, as reviewers mentioned, and describe what is different from others and why. In addition, the authors should add a timeline figure to demonstrate the clinical course, as reviewers noted.

Thank you for your kind suggestion. The review table and timeline figure have been made in the revised manuscript(Figure 4, Table 1). By comparing other studies, we found that the details of our surgical operation are different from LECS or NEWS, but the general principle of treatment is to keep the incision to a minimum. In addition, LECS or NEWS are suitable for resection of submucosal tumors less than 5cm, and the diameter of the tumor we removed reached 5 cm. From this case we believe that laparoscopic-assisted endoscopic full-thickness resection can reduce the risk of endoscopic surgery, and at the same time achieve precise resection of lesions, which is worthy of further study.