

Dear Editor:

We thank the reviewers for the time and effort that they have invested in reviewing our manuscript. We appreciate the insightful comments, which have helped us significantly improve our paper. Our point-by-point responses to the comments and suggestions by the reviewers are listed below:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: The authors compared clinicopathological factors and prognosis between endoscopic resection and laparoscopic resection in patients with gastric subepithelial tumors. Although this original article is informative for readers, there is one comment.

Comments 1. Tumor pathology was classified into three groups (benign, malignant, and malignant potential) in the present study. The authors should indicate this classification based on the pathological diagnosis.

Response 1:

Thank you for your suggestion. I would like to clarify that the classification basis for the pathological diagnosis was divided into two groups: benign and malignant or malignant potential. Thus, I have revised the section of *Patients and study design* in MATERIALS AND METHODS as follows: Medical records were retrospectively reviewed to define the patient/tumor characteristics and operative outcomes. Based on pathologic diagnosis, the tumor was further divided into two groups: benign disease and malignant or malignant potential disease. All patients underwent endoscopic ultrasonography (EUS) or abdominal computed tomography (CT) to evaluate the tumor size, invasion depth, and characteristics before resection.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a retrospective study with minimally invasive surgery for gastric subepithelial tumors. I have the following comments.

Comments 1: In the results section, you indicated Table 5, but I can't find Table 5.

Response 1:

Thank you for your comment. I would like to clarify that the table indicated here is Table 4. I have corrected the mistake in the revised manuscript.

Comments 2: ESD was performed in 92 cases, however, ESD for gastric GIST is technically difficult. It would be helpful for readers to understand ESD better if you could show us a video of a typical case of ESD.

Response 2:

We have uploaded the video of a case who had successful endoscopic resection for gastric ESD. Although iatrogenic perforation was noted after ESD, she had immediately endoscopic repair by endoloop and endoclips with uneventful recovery.