Reviewer #1:

Dear reviewer,

Firstly, we would like to thank you for comprehensive analysis of the manuscript and proposed suggestions. It is a pleasure for us to make changes in the manuscript according to critical review so it would help to understand this article. Following suggestions made:

1. As suggested, we have attached table 1 and figure 1. In the table we summarize all discussed classification systems so it would be feasible for reader to go over them again in a simplified view. Secondly, we have provided figure 1. In this figure we provide information about the most clinically relevant biomarkers that could be found in the gastrointestinal tract tumors as well their frequency in addition to frequency of the most relevant subtypes. We hope that provided figure and table would help to understand this article.

2. We have introduced Table 1 that compares all existing classification systems.

3. Unfortunately, such description of clinical implication comes in agreement with existing research results. In other words, clinical implications of many molecular classification systems are not studied at all or such studies (described in manuscript) are low at power and heterogeneous/miscellaneous. The most studied classification system is CMS in colorectal cancer. Comprehensive review of studies assessing its clinical implication is provided in the manuscript.

4. In conclusion we describe that surrogate markers should be identified so a full-scale omics analysis which is difficult to employ in routine use, would not be required. In our opinion this is the first that should be done on the way of systemic clinical use and comprehensive evaluation of such classification systems. We additionally pointed out this message in the manuscript, so it would be stressed out for the reader.

5. We summarized existing classification systems as well as the major biomarkers that may be found in gastrointestinal tract tumors in table and figure highlighting the major classification system. We hope that this would facilitate for the reader to review key points - existing classification systems - as soon as the structure of the main manuscript follows the same structure as the table.

Reviewer #2:

Dear reviewer, thank you for comprehensive analysis of the manuscript and proposed suggestions. Firstly, we would like to thank you for notion of incorrect terminology usage ("tyrosine kinase recoproteins"). We have fixed it to RTK as you suggested

Secondly, as suggested, we have attached table 1 and figure 1. In the table we summarize all discussed classification systems so it would be feasible for reader to go over them again in a simplified view. In the figure we provide information about the most clinically relevant biomarkers that could be found in the gastrointestinal tract tumors as well their frequency in addition to frequency of the most relevant subtypes. We hope that provided figure and table would help to understand this article.

Reviewer #3:

Dear reviewer, thank you for comprehensive analysis of the manuscript and proposed suggestions. As suggested, we have attached table 1 and figure 1. In the table we summarize all discussed classification systems so it would be feasible for reader to go over them again in a simplified view. Secondly, we have provided figure 1. In this figure we provide information about the most clinically relevant biomarkers that could be found in the gastrointestinal tract tumors as well their frequency in addition to frequency of the most relevant subtypes. We hope that provided figure and table would help to understand this article.