

Thank you for your comments concerning our manuscript, which is all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research studies. We have studied the comments carefully and have made corrections which we hope will meet with approval. In the resubmitted version of our manuscript, we highlight in red (to reviewer 1), green (to reviewer 2) the parts that have been modified. **I am so sorry that some statistical notations (such as  $\chi^2P$ , %, versus) and a table existed garbled errors in the automatically generated full-text files. Please give me a chance to upload again after re-reviewing.**

**To reviewer 1 (red)**

- 1. In this manuscript, the authors summarized hyperprogression under treatment with immune-checkpoint inhibitors in patients with gastrointestinal cancer. This manuscript is clearly written and provides an objective presentation of the current literature. I do not have any substantial amendments to suggest. Obviously, this is minor, but authors should define many abbreviation. For example, “AGC” stand for advanced gastric cancer? Since the OAK study is not mentioned, sudden indications can be confusing to non-professional researchers.

**We are grateful to your positive feedback and effort reviewing our paper. We thank the reviewer for pointing out these essential mistakes which have been modified accordingly.**

- 2. If possible, I would like to include a little more mention about the future directions and limitation. However, I do not feel strongly that the authors must respond to my comment. This manuscript is mini review. I recommend publication after the minor points have been addressed.

**Thank you for your constructive suggestions. I have supplemented the limitation and future directions in Line 208-212.**

**To reviewer 2(green)**

-This is a review of HDP specific to GI cancer. However, it is not a sufficient review because it contains few descriptions of GI cancer. The authors should summarize the evidence on HPD separately for GI cancer and non-GI cancer in a clear and concise manner. Moreover, they should create a TABLE so that the definition of HPD and the evidence by definition can be easily understood. It has been reported that HPD and PD are not different in gastric cancer. The authors should search more fully and compile a review [Gastric Cancer 2022 Jan;25(1):235-244].

**Thank you very much for bringing up this shortcoming. I am so sorry that I didn't express in a logical way. I search again the study about GI cancer and add some**

substantial evidence which supports the natural process and clear effect of immunotherapy. I hope you can find it and put forward valuable suggestions. We thank the reviewer for proposing these mistakes which have been modified accordingly. Thanks to the reviewer for the comments, we have already supplemented this part of the content. Please see line 128-130. The Table1 is supplemented in the other word. Thanks to the reviewers for the valuable comments, we have already supplemented this viewpoint, please see line 132-134,171-173, 271-271.