

Peer Review File

Article information: <https://dx.doi.org/10.21037/ls-20-136>

Reviewer A

Comment: The authors presented an important issue for the readers. However, we did not think it is an appropriate method to present this topic as a traditional review article. We suggest the authors presenting the contents in a systematic review based on PRSIM protocol. In this way, the readers could understand this issue more directly and deeply with all the publishing evidence.

Response: we understand your advice and we want to thank you for suggestion, however a systematic review was not the goal of our paper.

Reviewer B

Comment: Well researched.

Response: Thank you.

Reviewer C

This article is interesting but should be improved

MAJOR

Comment 1: For a review, the bibliography is not exhaustive. A table summarizing the different studies is necessary

Response 1: we did not consider it necessary since it is not a systematic review, however thank you very much for the suggestion.

Comment 2: Endoscopic resection of GISTs is essentially discussed for gastric lesion (as GISTs are very rare in the esophagus or colon). This point should be more discussed

Response 2: we have intentionally focused on the treatment of gastric GISTs since they are among the most frequent and therefore those with more data in the literature.

Comment 3: No clear recommendations for clinical practice appear, in particular for the maximum size of the lesion : 2, 3, 5 cm ? It is advisable to be very careful on this crucial point. Endoscopic resection of lesions of more than 2 or 3 cm in diameter even if feasible can not be recommended currently.

Response 3: in line 71-72 we point out that GISTs of greater size and higher risk should be candidates for surgery.

Comment 4: Most studies have limited follow-up; this point should be more developed

Response 4: we will add more data regarding studies with longer follow-up

Comment 5: No data on risk for capsular breaking are mentioned

Response 5: we will add data on that specific topic, thank you.

Comment 6: Potential technical endoscopic difficulties problems should be developed (ie according to localization of the lesion)

Response 6: as this is not a review designed specifically for technical aspects, we preferred not to deal with the topic which remains of great importance and interest.

MINOR

Comment 7: Endoscopic resection of GISTs is essentially discussed for gastric lesion: why are pictures colonic lesions?

I disagree with some sentences of the article :

o Approximately from 10% to 30% of GISTs have a malignant behavior: it is not the case for small gastric GIST

Response 7: sentence has been revised, thank you.

Comment 8: GISTs lesions larger than 2 cm in size, with more than 5 mitoses/50 High-Power Field (HPF) which carry significant risk of lymph node metastasis and recurrence : You don't know the mitotic index before resection and lymph node metastases are very rare in GISTs

Response 8: sentence has been fixed, thank you.