

Peer Review File

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Reviewer A

- *Reply to Reviewer A*
- *Changes in the text*

1. The authors should include a citation to the inverted LECS

- *We added a citation to the inverted LECS (Page 8, line 162).*
- *Other options are represented by “inverted LECS” (30).*

2. The authors described that defect are sewn by hand-suturing in the LECS, but this should be changed because staplers are often used.

- *We have modified our text as advised (Page 8, line 179-*
- *180).*
- *The defect of the gastric wall is usually closed by a laparoscopic stapler or, in some cases, by a laparoscopic hand-suturing.*

3. The authors should mention the advantages and disadvantages in LECS, inverted LECS, CLEAN-NET and NEWS.

- We have mentioned the advantages and disadvantages in LECS (Pages 8-9, lines from 180 to 190), inverted LECS (Page 9, lines from 196 to 200), CLEAN-NET (Page 10, lines from 209 to 215) and NEWS (Pages 10-11, lines from 223 to 228).

- The main advantage of the classical LECS procedure is to avoid excessive resection of the gastric wall. The resection is accurate and minimal (36). Classical LECS is technically easier than the modified LECS procedures (37). Furthermore, the classical LECS procedure is not affected by tumor location, such as near of the EGJ junction or pyloric ring. Hoteya et al. reported the feasibility of classical LECS for gastric SMTs located at the EGJ (38). However, for tumors close to the EGJ, dissection of the esophageal wall is required. It should be limited to less than one-third of the esophageal circumference to reduce the chance of complications after reconstruction with esophageal suturing. Another major limitation of classical LECS is needed to open the gastric wall during the dissection with the risk of spillage of gastric contents including bacteria and tumor cells into the abdominal cavity (29).

- Inverted LECS is not only useful for preventing tumor seeding into peritoneal cavity, but also for securing the visual field during the operation. However, with this method, a slight risk of gastric content contamination cannot be ruled out. Inverted LECS is less complicated and has few limitations for tumor's size or location, comparing to the other modified LECS procedures (29).

- For these reasons, the CLEAN-NET is technically simpler comparing to the other laparoscopic and endoscopic cooperative surgery. There are three main disadvantages in CLEAN-NET: the specimen's size, which is limited to < 3 cm to avoid mucosal laceration (36), the accuracy of mucosal resection, especially for tumors with an intraluminal growth pattern because the incision line is determined from the serosal side (40) and technical difficulties to place the stapling device in large intraluminal GISTs.

- As LECS procedure, the NEWS procedure avoids excessive resection of the gastric wall (44). An artificial perforation of the gastric wall is not required and the specimen is removed by transoral route. Moreover, both serosal and mucosal layers can be resected precisely under direct visualization by laparoscopy or endoscopy.. NEWS has some limitations: it is more complicated than other procedures, it requires more time and it is technically difficult with tumors > 3 cm, because they can't be retrieved perorally (40).

4. The authors state that the stomach is the most frequent site for GISTs (60%) where they are mainly located in the fundus. Is there any literature that gastric GISTs are mainly located in the funds?

- *We added a citation to the most frequent site for gastric GISTs. (Page 3, line 56).*
- *The stomach is the most frequent site for GISTs (60%) (3) where they are mainly located in the fundus (4).*