

Peer Review File

Article information: <https://dx.doi.org/10.21037/gist-22-2>

Reviewer A:

In the manuscript by Asencio JM, et al, the authors reviewed literature on esophageal and rectal GISTs, and summarized their diagnosis and treatment. This narrative review seems well written, however, there are some concerns to be addressed.

Comments

1. I would be better to summarize the current evidence and recommended treatment strategies in Tables.

Reply Final recommendations have been added in both locations.

Changes in the text: See Recommendations in page 8 and 12

2. In the paragraph for Adjuvant Therapy for esophageal GISTs in page 8, the authors described that recent data from new molecules as avapritinib and ripretinib, show encouraging data for the treatment of patients with mutations resistant to imatinib. I wonder whether these data are corresponding to adjuvant therapy.

Reply: These new agents are only recommended in advanced or metastatic tumors.

Changes in the text: “in case of advanced or metastatic tumors.” Has been added at the end of the sentence.

3. Please check whether the terms “laparoscopic” and “thoracoscopic” are appropriately used throughout the manuscript.

Reply: Laparoscopic and thoracoscopic are terms that describe different approach, through abdominal or thoracic wall. We revised the text and seems well used both terms.

4. GIST is an abbreviation of gastrointestinal stromal tumor, therefore, the term ‘GIST tumor’ duplicates tumor.

Reply: We have revised the text and corrected in page 9,10 and 11.

Reviewer B:

This article reviews the current management of rectal and oesophageal GISTs, recommendations for diagnosis and treatment. It also discusses the importance of neoadjuvant treatment to achieve less aggressive surgery.

These findings are very intriguing and this study will meet the criteria of this journal. However, there were several critical points to be corrected to meet the criteria of this journal.

Query

1. Minimally invasive surgery (laparoscopic or robot-assisted surgery) should also be outlined in the surgical treatment.

Reply: Minimally invasive surgery is outlined in both esophageal and rectal locations. You can find in pages 6,7,9,10

2. An important article in neoadjuvant chemotherapy for giant GISTs, Phase II study of neoadjuvant imatinib in large gastrointestinal stromal tumours of the stomach Kurokawa et al, Br J Cancer, 2017, should be added to the discussion.

Reply: This is a very interesting article that show the importance of neoadjuvant therapy in stomach tumors. Our paper discuss only esophageal and rectal tumors, that is the reason why we have not included this study.

3. Surgical treatment of GISTs at the esophagogastric junction should also be discussed (e.g., whether laparoscopic and endoscopic cooperative surgery (LECS) is possible).

Reply: Recommendation for neoadjuvant is added in page 7. Also the usefulness fo LECS has been added.

4. Should be easy to understand and summarize using tables.

Reply Final recommendations have been added in both locations.

Changes in the text: See Recommendations in page 8 and 12