Peer Review File

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<mark>Reviewer A</mark>

Comment 1: 1) The manuscript should be edited extensively by a native English speaker. There are so many mistakes and awkward sentences that they become distracting and confusing.

Reply 1: We have sent our article to the AME Editing Service and waiting for the final version of the article. (The answer of the AME Editing service was: we have begun the editing process for the manuscript and will return it to you by the due date: (2023-10-07 21:06:57). Would you please to wait for the final version of the article from editing agency till 07.10.2023.?

Comment 2: Please provide "IRB number" in this study. **Reply 2:** The IRB number is 457/2010.

Comment 3: The authors used "GISTs" and "GIST" interchangeably in this manuscript. Please use the abbreviations consistently.

Reply 3: We changed the abbreviation.

Changes in the text: see page 5, line 26.

Comment 4: Please provide better images. It is difficult to see.

Reply 4: We provided better images and attached two separated files for PFS (FIG.1 a) and OS (FIG.1 b).

Changes in the text: see page 5, fig 1 and attached files

<mark>Reviewer B</mark>

Based on your results, surgical resection of the residual tumor after imatinib therapy is recommended. Although this finding agrees with my own experience, I would kindly ask you to include some data regarding the response to second-line pharmacological treatments in the article.

Additionally, I request that you specify in the "Discussion" why patients did not undergo secondline pharmacological therapies prior to cytoreductive surgery (e.g., sunitinib, etc.). **Comment:** Surgical resection of the residual tumor was done during imatinib therapy. So, we performed surgical resections as soon as it was surgically possible for complete resection and continued imatinib thereafter.

Changes in the text: We added several sentences in the discussion about sunitinib and regorafenib, p 5 lines 9-14 and added 2 new references that related to sunitinib and regorafenib- p 7 lines 27-32.