Author's response to reviews

Title: Duodenal gastrointestinal stromal tumors: clinicopathological characteristics, surgery and long-term outcome

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Author's response to reviews: see over
Dear Editors and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Modern strategies to treat duodenal gastrointestinal stromal tumor” (MS: 2018141841584611). Those comments are valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made some corrections according to the comments, which we sincerely hope this manuscript will be finally acceptable to be published on “BMC SURGERY”. The main corrections in the paper and the responds to the reviewer’s and editor’s comments are as following:

COMMENTS TO AUTHOR:

Reviewer #1

The research question posed by the authors is interesting due to the fact that only a limited number of series about duodenal GISTs are reported in the literature and it is important to share these results. The manuscript reports a series of 74 patients with duodenal GIST treated by wedge resection, segmental resection or pancreaticoduodenectomy. Analysis of prognostic factors confirms the role of tumor diameter, mitotic count and risk classification as prognostic factor. The type of operation to be performed depends mainly on the size and location of GIST.

Data are complete and well reported. However, I would like to know if the authors could give more technical details about wedge resection and segmental resection: in the methods section they affirm that segmental resection included reconstruction with Roux-en-Y duodenojejunostomy, end-to-end duodenoduodenostomy or gastrojejunostomy. Which was the preferred technique for segmental resection? How do the authors perform the wedge resection? I think it would be interesting to have more technical details on these topics.

Interpretation of data is well conducted and results are comparable with those already reported by other authors.

The discussion is well written and complete.

Methods section is well conducted; I think it would be interesting to have more data about the adopted surgical techniques, as I already said. Another interesting question for the discussion section is: do the authors think that laparoscopic surgery has a role in removal of duodenal GIST? Do they have any experience on this topic? References list is complete. Statistical analysis is quite simple. It is maybe limited by the small sample size which is however due to the rarity of the disease.

Supplementary materials are interesting and appropriate.

I think that the article deserves publications after minor revision.

Author response: Many special thanks to reviewers’ valuable comments and suggestions. Firstly, we have pointed out that the surgical procedures (such as wedge resection, segmental resection and pancreaticoduodenectomy) should be determined by the DGIST tumor location and size in this manuscript just like reviewer said. Patients who underwent wedge resection were selected, and this procedure has been
almost performed for smaller size or abluminal lesions. Just like said in this manuscript, this procedure was performed without duodenal transection or anastomosis, and merely underwent local resection with pure closure. But for some tumors which in a larger size or having a high anastomotic tension after local resection, segmental resection was performed. And, there were 21 (53.8%), 15 (38.5%) and 3 (7.7%) patients underwent gastrojejunostomy, Roux-en-Y duodenojejunostomy end-to-end duodenoduodenostomy in the SR group, respectively. Furthermore, we totally agree with reviewers’ notion that laparoscopic surgery has a role in removal of duodenal GIST. As we all known that DGIST is a rare disease, and most these patients underwent laparotomy rather than laparoscopic surgery in our institution. Thus, we can’t share any experience addressing laparoscopic surgery to treat DGIST because of limited sample.

**Reviewer #2**

**Comment 1**

Page 3, line 89-90. Authors state that only a limited of studies involving DGIST have been published. This is not the truth, since several reports have proposed to address clinical and diagnostic characteristics, as well as prognostic factors and therapeutic options for these rare duodenal tumors. At the best of my knowledge these are the most relevant papers to this address:

- Yang F, Jin C, Du Z, et al. Duodenal gastrointestinal stromal tumor: clinicopathological characteristics, surgical outcomes, long term survival and

The Authors should re-elaborate the sentence and the reference list has to be implemented.

Author response: Thanks for the reviewer’s kind advice. We have re-elaborated this sentence and some corresponding references have been cited in the manuscript according to your reference list.

Comment 2:
Page 2, lines 76-86. It is not clear if the Authors refer to gastrointestinal stromal tumors or to duodenal gastrointestinal stromal tumors. Please rephrased the sentences more clearly.

Author response: Many thanks for your kind suggestion. We have modified these
sentences in the revised version in order to make their meaning more clearly.

Comment 3:
Page 4, lines 155-165. This paragraph is not so useful, because it reported results shown in Table 1.
Author response: Thanks very much for you kind advice. In the revised manuscript, we have deleted most useful sentences.

Comment 4:
Page 5, lines 170-175. It is not clear why of the 34 patients with “high risk of recurrence” were treated only 16 patients. Moreover should be specify why one of the 15 patients underwent to Sunitinib treatment; the treatment scheme should also be specified. Please provide me appropriate justification.
Author response: Many thanks for reviewer’s suggestion. Firstly, most GIST patients refused IM medication because of heavy economic burden in china. This is because patients have to buy IM at their own expense. A total of 16 patients in this study received adjuvant therapy, but one patient took Sunitinib. At first, this patient also took IM according to the treatment schemes; however, she (32 years old) can’t be tolerated adverse effect of IM therapy with a dose of 400mg/d or 300mg/d after approximately 2 weeks medication. Thus, she had to take second-line drug (Sunitinib). In the revised version, we have addressed this.

Comment 5:
Page 5, lines 203-208. It is not clear how many patients were included in the follow up period until July 2014. Please specify it.
Author response: Thanks very much for reviewer’s comment. We have specified this issue in the revised reversion in section of “Overall and Recurrence/Metastasis-Free Survival”.

Comment 6:
All the operations were conducted in open surgery. Please provide appropriate justification since segmental duodenal resection can be performed by means of laparoscopic as well as robotic approaches.
Author response: Firstly, we totally agree with reviewers’ notion that segmental duodenal resection can be performed by means of laparoscopic as well as robotic approaches. As a matter of fact, however, we have no equipment regarding to robotic surgery in our medical institution. Furthermore, most these DGIST patients chose laparotomy rather than laparoscopic surgery according to their willingness in our institution.

Comment 7:
This paper needs immense editing before publication in any journal. I found this paper quite difficult to follow largely due to problems in English.
Author response: Thanks for the reviewer’s kind advice. Considering the reviewer’s kind suggestion, this manuscript has been edited for language by an English polish company again. All their editors are native English speakers.

Comment 8:
Page 2, line 72-73. Authors report the risk stratification by Fletcher et al. It should be added the “low risk” category according to the above mentioned prognostic
classification.
Author response: Many special thanks for reviewer. We have added the “low risk” classification in the revised manuscript.

Finally, we appreciate for Editors/Reviewers’ warm work earnestly and hope that correction will meet with approval. Once again, thank you very much for your comments and suggestions. Best regards.
Yours Sincerely

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