21-June-2024

Dear prof. **Henriette Ya Kissi Anzouan**-**Kacou**,

You submitted manuscript AJGH-2405-1055, " GASTROINTESTINAL STROMAL TUMORS: ABOUT 4 CASES AT THE ANGRE UNIVERSITY HOSPITAL (CÖTE D’IVOIRE)," to the African Journal of Gastroenterology and Hepatology. The reviewer's comments (s) are included at the end of this email.

The reviewers have requested revisions to your manuscript.  Therefore, I invite you to respond to the reviewers' comments and revise your manuscript. Instructions on how to do this can be found at the bottom of this email.

Because we are trying to facilitate the timely publication of manuscripts submitted to the African Journal of Gastroenterology and Hepatology, your revised manuscript should be submitted as soon as possible.

Once again, thank you for submitting your manuscript to the African Journal of Gastroenterology and Hepatology, and I look forward to receiving your revision.

Sincerely,

Salem Y Mohamed

Chief Editor, African Journal of Gastroenterology and Hepatology

Please revise your manuscript using a word processing program and save it on your computer.  Please also highlight the changes to your manuscript within the document using the track changes mode in MS Word or using bold or colored text.

Once the revised manuscript is prepared, you can send it to me via email.

When submitting your revised manuscript, please provide your responses and details of changes made to each comment in an Author Response Letter.  To expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewers.

**Reviewer Comments to Author:**

**Reviewer1: (SS)**

I read the cross-sectional study about GIST with great interest. It is notable that this rare GIT malignancy can be diagnosed without using small resources. The method you used to write the paper is more of a case report discussion rather than a cross-sectional study. You discuss every case separately. No statistical analysis was found, which gave me the impression of a case report.

I have a comment about the language used. It is a little bit strange for me: like the supple abdomen, it is better to be in the heart of the lesion, which is meant by Miettinen malignancy and the word pejorative. The drug Amaday 10 is not known to everyone. You need to describe the active ingredient.

The well-known rule of 5 needs to be described clearly in the 4 cases. The poor prognostic indicators are the size of more than 5 cm and the presence of more than five mitotic indexes per Hpf.

Also, the two well-known markers in GIST, CD117 and C-kit, must be described in every case, as their presence indicates a poor prognosis.

The lack of EUS assessment is a significant defect, as the border and the cellularity assessed by EUS are critical in prognostic evaluations.

**Reviewer 2: (ME)**

In this article, the users discussed four cases of GIST tumors, describing all demographic and clinical data. By far, this is not a study. It’s a case series, and then the authors should rewrite the article as a case report. If the users would like to present it as a study, they should compare this limited number of cases to another group, for example, cases with GI bleeding. However, it’s better to present it as case series. Suppose the authors would like to discuss it as a cross-sectional study. In that case, they should define the population examined and divide it into patients with the variable GIST and those without it and compare them. Criteria should be inclusion and exclusion. Limitations of the study should be discussed at the end of the discussion section. What does the author mean by an 80% satisfactory response, and how you calculated it?

It is better to compare all demographics and clinical data of the 4 cases into one table.

**Reviewer3: (AA)**

This paper needs to be summarized as a case report.

add histopathologic and immunohistochemistry photos.

**Reviewer4: (AF)**

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| --- | --- | --- |
| Raw number | Remark | comment |
|  | The title of the paper should be more convenient | The number of cases should be mentioned in the title |
| 6 | GIST | Should be announced 1st following detailed names: GASTROINTESTINAL STROMAL TUMORS(GIST)  |
| 16 | digestive hemorrhage | NOT traditional term |
| 17 | epigastralgia | NOT traditional term |
| 44 | melenas | What do mean by melenas? |
| 285 | an FDG | What do you mean by an FDG? |
| 305 | esogastrectomy | What do you mean by a esogastrectomy |
| 8,240 | analytical cross-sectional study | ?? |

**Editor Comments to Author:**

1. Please check the author names and affiliations included on your Title Page, mainly that the spelling of all authors' names is correct. They are cited in the order you wish them to appear in the final article. In addition, each author's affiliation details are correct.

2. Please include a 'Structured Abstract': not more than 250 words, broken down into, i.e., Aims, Patients & Methods/Materials & Methods, Results, and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by CONSORT should be followed when writing the abstract (http://www.consort-statement.org/), and the clinical trial registration number should be included at the end of the abstract, where available.

3. Please include up to 10 keywords in your revised manuscript (including the four keywords you selected as part of the submission process).

4. Please amend the references as per the author's guidelines:

a. References should be numerically listed in the reference section in the order they occur in the text.

b. References should appear as a number, i.e., [1, 2] in the text.

c. References should cite three authors et al.: It is our house style to list a maximum of six authors and, if there are more than this, three authors et al.

5. Please ensure all tables and boxes are titled and cited in the text. Three-line tables are preferred.

Please find a link to the African Journal of Gastroenterology and Hepatology Author Guidelines, which explains these sections in more detail: <https://ajgh.journals.ekb.eg/journal/authors.note>.

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