

## Answering Reviewers

We sincerely appreciate the opinions from Review #1. Below (blue text) are our point-by-point responses to each issue raised.

1. MAJOR CRITICISMS - It is not specified whether the patients have underlying neurofibromatosis. - A brief comment on neurofibromatosis and its relationship to GS can be added to the discussion section.

Response: As requested, we have added a brief comment at the end of the first paragraph in Discussion: “Previous studies have shown that patients with neurofibromatosis type 2 are susceptible to gastric schwannomas<sup>[14]</sup>. In this study, all patients were confirmed to have no history of neurofibromatosis, therefore effectively excluding the influence of gene mutations associated with neurofibromatosis.”

Reference:

14 Belakhova SM, Rodriguez FJ. Diagnostic Pathology of Tumors of Peripheral Nerve. Neurosurgery 2021; 88: 443-456 [PMID: 33588442 PMID: PMC7884141 DOI: 10.1093/neuros/nyab021]

2. MINOR CRITICISMS -Abbreviations should be explained at the bottom of the figure 3 (HU). -English grammar and syntax errors should be corrected.

Response: The abbreviation “HU” is short for “Hounsfield Units” and we have explained it in the legend of Figure 3 in the revised manuscript. Grammar and syntax errors were corrected as requested.

We also thank the editorial office’s helpful comments. Below (blue text) are our point-by-point responses to each issue raised.

- (1) The language classification is Grade A. Please provide the latest Language certificate after Return the Manuscript to Author for Revision. Please visit the following website for the professional English language editing companies that we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response: We have sent our revised manuscript to an English language editing company recommended by the editorial office, and the manuscript has been carefully polished. The language editing certification has been uploaded in the system.

(2) Manuscript Title: The title should not start with 'A', 'An', or 'The'

Response: The original title (“Gastric schwannoma: Computed tomography and perigastric lymph node characteristics”) does not start with any of these words. No change was made.

(3) Author list.

Author names (unabbreviated) should be given as first name, middle name initial (with no period) and family (sur)name, and typed in bold with the first letter of each capitalized.

A hyphen should be included between the syllables of Chinese names. For example: Yi-Fan Chang, Jia-Jing Li, Tao Liu, Chong-Qing Wei, Li-Wei Ma, Vladimir N Nikolenko, Wei-Long Chang.

Response: Author names are modified and are now listed in the requested format (Yong-Kang Mo, Xia-Pu Chen, Liang-Li Hong, Yi-Ru Hu, Dai-Ying Lin, Li-Chun Xie, Zhuo-Zhi Dai).

(4) Authors and institution(s): Author names should be written out first (as first name, middle name initial (with no period) and family (sur)name; with a hyphen included between the syllables of Chinese names) and typed in bold, followed by a comma and the complete name of the affiliated institution, city, province/state, postcode and country typed in non-bold. Examples for authors name and institutions are:

Yi-Fan Chang, Tao Liu, Chong-Qing Wei, Wei-Long Chang, Department of Gastrointestinal Surgery, The First Affiliated Hospital of Zhengzhou University, Zhengzhou 450052, Henan Province, China

Response: Author names and their institutions are now listed in the requested format:

**Yong-Kang Mo, Li-Chun Xie**, Department of Radiology, The First Affiliated Hospital of Shantou University Medical College, Shantou 515000, Guangdong Province, China

**Xia-Pu Chen, Dai-Ying Lin, Zhuo-Zhi Dai**, Department of Radiology, Shantou Central Hospital, Shantou 515000, Guangdong Province, China

**Liang-Li Hong**, Department of Pathology, The First Affiliated Hospital of Shantou University Medical College, Shantou 515000, Guangdong Province, China

Yi-Ru Hu, Zhuo-Zhi Dai, Clinical Research Center, Shantou Central Hospital, Shantou 515000, Guangdong Province, China

(5) Author contributions: The ‘Author contributions’ passage describes the specific contribution(s) made by each author. The author’s names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, Bryan L Copple should be revised as Copple BL. A full multi-author example is: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research.

Response: We have rewritten the author contributions accordingly as shown below:

**Authorship contributions:** Xie and Dai designed the research and provided supervision; Lin DY and Dai ZZ acquired funding; Mo YK and Chen XP collected the samples, analyzed the data, visualized the results, and drafted the original manuscript; Hong LL analyzed the data; Hu YR reviewed and edited the manuscript. All authors have read and approved the final manuscript.

(6) The “Key Words” does not meet the requirements:

The ‘Key words’ list will provide 5-10 keywords that reflect the main content of the study.

Please do not use abbreviations for the keywords (e.g., Ulcerative colitis, not UC).

The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon, with no terminal period. An example of correct formatting is: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Insulin resistance; Oxidative stress.

Response: The first letter of each keyword is now capitalized, and each keyword is separated by a semicolon:

**Key Words:** Gastric schwannoma; Stomach; Computed tomography; Perigastric lymph node; Ki-67

(7) Core Tip. The Core Tip is a short paragraph that is independent of the content of the Abstract. The ‘Core Tip’ will provide a succinct summary of the study that outlines its most innovative and important arguments. This section should be less than 100 words. Abbreviations must be defined upon first appearance in the Core Tip. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

Response: We have added the Core Tip after the Key Words, as shown below:

**Core Tip:** This is a retrospective dual-center observational study analyzing the imaging characteristics of gastric schwannoma (GS) and their correlation with Ki-67 expression. GS predominantly occurs in middle-aged women and appears as an oval, well-defined, hypodense submucosal mass with progressive, homogeneous enhancement on contrast-enhanced CT. Enlarged perigastric lymph nodes, confirmed as reactive hyperplasia, are a key distinguishing feature from gastrointestinal stromal tumors. Ki-67 expression remains low, indicating minimal proliferative activity. Although GS is benign, accurate preoperative differentiation from other submucosal tumors is crucial for appropriate management.

(8) There are issues with the references:

Please remove "[ ]" from the reference list number.

Please provide the PMID numbers (<https://pubmed.ncbi.nlm.nih.gov/>) and DOI citation numbers (<https://doi.crossref.org/simpleTextQuery>) to the reference list and list all authors of the references. If a reference has no PMID and DOI, please provide the source website address of this reference.

Response: The references have been reformatted accordingly. We removed “[ ]” in the reference list number and provided the PMID and DOI numbers.

(9) Figures.

Abbreviations must be defined upon first appearance in the Figure Legends. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

Original figure documents. In the meantime, authors should provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor, and upload it to the file destination of “Image File” in the F6Publishing system.

Response: As requested by the science editor and the Reviewer #1, we have defined the abbreviations (GS, CT, and HU) upon first appearance in the Figure Legends:

**Figure 1** Gastric schwannoma in the lesser curvature of the gastric body in a 52-year-old woman. A: Plain axial computed tomography (CT) scan shows an oval, well-defined, exophytic, and homogeneous mass, with a density of 27 Hounsfield Units (HU) lower than that of the erector spinae (54 HU); B-D: Axial contrast-enhanced CT scans in the arterial, portal venous, and delayed phases show progressive homogeneous enhancement. The CT values in the three

phases are 53, 66, and 70 HU, respectively. The arterial phase shows enhanced mucosal clarity, suggesting a submucosal mass. Localized mucosal disruption indicates a shallow ulcer (thin arrow). Additionally, homogeneously enhanced perigastric lymph nodes (thick arrow) are detected adjacent to the mass.

**Figure 2** Gastric schwannoma in a 56-year-old woman presenting with epigastric discomfort and black stool. A: Arterial phase-enhanced computed tomography (CT) shows an endoluminal tumor with deep ulceration (arrow); B: Gross examination revealed that the tumor's cut surface was yellowish, with an ulcer as observed in the CT image; C: Tumor is primarily composed of spindle-shaped cells with a characteristic peripheral lymphoid cuff (hematoxylin and eosin stain; original magnification,  $\times 100$ ); D: The tumor is strongly positive for S-100 protein.

**Figure 3** CT values of all 23 cases in each phase of the contrast-enhanced scan. HU: Hounsfield units; PS: plain phase; AP: arterial phase; PP: portal phase; DP: delayed phase.

(10) Figure Color: When using different color markings on the Figures, please avoid using red or green, including the arrow colors on the Figures.

Response: The arrows in Figures 1 and 2 are all white. No modification was made.

(11) Tables.

The Table title needs to be bolded.

Abbreviations are not allowed in table titles

Response: The Table title has been bolded. It does not include any abbreviation.

(12) Abstract. The 5 sections of the structured abstract are: BACKGROUND; AIM; METHODS; RESULTS; CONCLUSION.

AIM. The purpose of the study should be stated clearly, with no or minimal background information, must start with "To", following the format of: "To investigate/study/determine...".

Response: We have added BACKGROUND and AIM in the revised abstract, as written below:

**BACKGROUND**

Gastric schwannoma (GS) is often misdiagnosed as gastrointestinal stromal tumors due to the high incidence of the latter. However, these two types differ significantly in pathology and biological behavior.

AIM

To evaluate the CT characteristics of GS and provide insights into its accurate diagnosis.

(13) Main text. The main text contains INTRODUCTION; MATERIALS AND METHODS; RESULTS; DISCUSSION; and CONCLUSION.

Response: The main text has been restructured as requested. Please see our revised manuscript.