

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Role of ABCG2 expression driven by cisplatin in platinum-containing chemotherapy for gastric cancer" (WJG-216). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have tried our best to study comments carefully and have made correction which we hope meet with approval. Revised portion are marked in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing.

Sincerely yours,

Xiaoyan Liu on behalf of the authors.

Responds to the reviewer's comments:

The authors report ABCG2 mRNA increased times driven by cisplatin in vitro is associated with a clinical outcome, which may be a novel biological marker for optimizing the treatment of gastric cancer. The focus of this paper is novel and interesting. However, there are several uncertain points in the manuscript, in particular the surgical treatment and the second line chemotherapy need to be more clearly described.

1. The authors describe the tumor tissue obtained from surgically resected specimens, please describe about the surgical procedures and the rate of palliative operation.

Response: According to your kindly suggestion, additional information related to specimens has been described in the section of method as following: Tumor specimens and normal control tissues were collected from 78 patients (consisting of 12 surgical and 66 biopsy specimens).....

2. The patients received platinum-based regimens, how were patients allocated into five regimens?

Response: We are sorry for our confused expression. Actually, all patients would receive the cisplatin based chemotherapy according to the NCCN guideline of gastric cancer. The five regimens were widely prescribed in Chinese clinical practice. There is no allocation procedure in the current study like the randomized clinical trial. Our work was to extract the patient who received the cisplatin based chemotherapy.

3. There seemed to no difference in the survival curves until 6 months, how were patients treated after the appearance of progressive disease. Please describe second line regimens.

Response: Thank you for this precious advice. We have added the information of second line regimens in the section of Patients and samples as following: In second-line chemotherapy, patients were administered the following regimens: oral S-1 or capecitabine (n = 30); weekly paclitaxel (n = 18); irinotecan and cisplatin (n = 13); irinotecan and docetaxel (n = 9) and mitomycin C, etoposide and cisplatin (n = 8).

4. ABCG2 has been reported to play an active role in multidrug resistance in various cancers. Please describe the time to progression by the first-line chemotherapy according to ABCG2 mRNA increased times.

Response: Thank you for this precious advice. According to your suggestion, we have added the plot of progression-free survival in Figure 1.