

## **Reply to the reviewer**

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 57279

**Title:** Comparison of Prognostic Factors at Different Age and Prognostic Significance of Neutrophil-Lymphocyte Ratio in Patients with Gastric Cancer

### **1. SPECIFIC COMMENTS TO AUTHORS**

It is a very well written manuscript, with very well-designed structure, combining their retrospective results with meta-analysis of the literature. Literature selection with the inclusion and exclusion criteria for the meta-analysis very well explained Limitations of the study clearly described. All the section of the manuscripts adequately written and discussed.

**Response:** Many thanks for your encouraging comment.

### **2.SPECIFIC COMMENTS TO AUTHORS**

The authors presented a very extensive analyses concerning the GC. The number of cases is very important and the clinical data were well reported. In addition, the meta-analysis performed seems to support the general consideration from the authors. So far, we would like to ask to the authors to express inside the paper just some ethical comments looking at the age of GC patients. Do you the age of GC patients may affects the choice of clinical treatment?

**Response:** Many thanks for your valuable comment. 1. The informed consent was approved by the Ethics Committee of Renji Hospital affiliated to Shanghai Jiaotong University School of Medicine. This study design and protocol was also thoroughly reviewed and unanimously approved by the committee. The committee had no dissent from our grouping method, mainly based on age.

2. It should be taken for granted that the age is an important factor when clinicians choose the optimal therapeutic modality for GC patients. It is self-evident that the operation risk of senile GC patients is much higher than that of young counterparts. We

also found significant differences in clinicopathological characteristics and prognostic factors between the different age groups of GC patients. However, there is increasing evidence that the senile GC patients with radical gastrectomy have relatively longer OS than those without radical gastrectomy. Therefore, according to the findings in our study, the pre-operative alleviation of inflammatory status should be emphasized for elderly GC patients after their surgical benefits have been evaluated to may prevail over their surgical risks. Certainly, if elder patients can't bear the risk of surgery, palliative chemotherapy can be an alternative therapeutic method.