Answering Reviewers

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' valuable comments concerning our manuscript entitled "Could neoadjuvant chemotherapy increase postoperative complication risk on laparoscopic total gastrectomy? :A mono-institutional Propensity Score-Matched study in China" (No.62456). 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 studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Reviewer #1:

Specific Comments to Authors: the manuscript is well written, needs only minor language revision. The subject is very interesting and well argumented. there are only monior revisions required for the tables: Table 6 p value in the same line net to CI In the table I would delete the statistic value, if you want to keep it, at least explain in material and methods how you computed it

Response to reviewer:

We are very grateful to acquire your approval and receive your constructive suggestion. To be honest, it's a little difficult to use appropriate language in English for Chinese authors. In accordance of your advice, the manuscript has been thoroughly revised and polished by AJE corporation again, so we hope it can meet the journal's standard.

Moreover, for the concern of the reviewer, statistic value is just an assistant tool to reflect the authenticity and validity of P value. It always appears in the medical journal in China rather than SCI. It can be deleted just like the referee's proposal.

Thanks so much for your useful comments.

Reviewer #2:

Specific Comments to Authors: -"one patient in NC-LTG died because of septic shock four days after surgery" Which was the focus of the sepsis? Anastomotic leakage is different than a pneumonia for the audience -the study is well designed and written but to my eyes this does not overcome the main limitations that you also describe (retrospective, single center)

Response to reviewer:

Many thanks to your valuable comments. In our original manuscript, the cause of septic shock didn't declare clearly as the reviewer mentioned. After searching the case report form and consulting the surgeons who participated in the surgery and postoperative treatment of this patient, we figure out that the reason why this patient suffered from septic shock is probably severe pneumonia because of long-term ICU stay, advanced age with 82 years old, and poor preoperative physical status with COPD and ASA grade III. The severe complication (Clavien-Dindo classification: Grade V) in this patient was not associated with anastomotic leakage or other surgical-related complications.

The main concern of the reviewer is the research design as a mono-institutional retrospective study which has declared in limitation section of this article, it is crucial for the manuscript's influence and authority. With the broader application of laparoscopic gastrectomy and neoadjuvant chemotherapy before surgery, it is necessary to conduct this study to explore the impact of neoadjuvant chemotherapy on LTG.

However, to the best of our knowledge, few studies like us compared surgical safety between NC-LTG and LTG group before. We think that this study is an exploratory study and has its scientific value to present an initial result so that further studies like multi-institutional case-cohort study even RCT study can be carried out based on the conclusion of this manuscript.

Reviewer #3:

Specific Comments to Authors: There are no tables in the manuscript file. Comprehensive evaluation could not be done due to missing tables and hence data. How many surgeons are operated and inter-operator variability, if any, can be specified.

Response to reviewer:

I'm sorry to say that because of our negligence, "Table" section was not submitted combined with our manuscript, which increased difficulty of reviewing our paper comprehensively. Following your kindly suggestion, we have added "Table" section into a new docx of manuscript and contacted with the editor to replace previous submitted manuscript before we acquired our first decision of this manuscript on Feb 11st,2021.

Moreover, the concern which is raised by the reviewer is extremely pivotal. The difference of surgeons who performed LTG between two groups can indeed bring potential bias of our study. We recollect clinical data and construct a form as follows **(Supplementary Table.1)**. The result shows that there is no significant difference of surgeons between NC-LTG and LTG group. We will add this part into the revised manuscript if you think it is necessary to present in the manuscript.

Special thanks to you for your good comments.

Supplementary Table.1 Difference of surgeons between NC-LTG and LTG group

Indicators	NC-LTG(n=73)	LTG(n=73)	P value
Surgeons			0.614
Dr. A	20	16	
Dr. B	4	8	
Dr. C	10	5	
Dr. D	6	8	
Dr. E	7	9	
Dr. F	14	12	
Dr. G	12	15	

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper.

We appreciate for editors and reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions

Yours sincerely,

Hao Cui

Bo Wei (Chief physician, Professor)

(On behalf of co-authors)