

6 July 2014

Dear Editor,

Please find enclosed the re-edited manuscript in Word format (file name: WJG Manuscript RESUBMIT.doc).

Title: Adjuvant therapy for Gastric Cancer: Current and Future Directions

Author: Marcus Foo and Trevor Leong

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6886

The manuscript has been improved according to the suggestions of reviewers:

1. We have corrected the spelling of bevacizumab.
2. We have added the reference as suggested by the reviewer.

The manuscript has been amended to incorporate some of the suggestions of the reviewers. We do not agree with all of their comments:

1. We have made necessary corrections to spelling and grammar.
2. We have referenced the current adjuvant standard therapies in the Abstract.
3. We have amended the Abstract to mention the high locoregional and distant relapse rates

In response to reviewer 02446029 (Review time: 2013-11-15 21:44):

We have focused the manuscript on the adjuvant treatment of gastric adenocarcinoma, as implied in the title, which therefore makes discussion on diagnostic dilemmas and management of non-adenocarcinoma histologies beyond the scope of the current review. There have also already been multiple excellent reviews previously of gastric cancer management, thus the current manuscript focuses on studies and data after 2006, which marks the publication of the landmark MAGIC trial, which has set the direction for some of the ongoing major international trials of adjuvant therapy in gastric cancer.

The substantial section of the review devoted to practice trends in Asia reflects the fact that this is where the highest incidence of gastric adenocarcinoma occurs. The discussion on adjuvant therapy both current and ongoing, in the United States and Europe, are in line with current consensus guidelines by the major oncologic bodies in North America (NCCN, Canada) and Europe (ESMO/EORTC/ESSO). A discussion of all the current protocols in use at different centres across the US and Europe is not helpful to the readership. We have concentrated on the large, practice changing, randomized phase III trials that have either defined current standard practice, or may do so when completed (for ongoing trials).

We have only included two figures, and do not have a Figure 3.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Yours sincerely,

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