Dear editor,

Thank you for your efficient work in processing our manuscript titled "Comparison of short-term efficacy and quality of life between totally laparoscopic gastrectomy and laparoscopic-assisted gastrectomy for elderly patients with gastric cancer" (ID: 77188). Thanks a lot for the reviewers' insightful comments and suggestions. We deeply appreciate you offering us an opportunity to resubmit our revised paper. As your request, the summary of the changes in the revised paper for the editor and the point-to-point responses to the comments of the reviewers are attached below. We sincerely look forward to hearing from you.

Best regards,

Bo Wei

Point-to-point responses to the comments of reviewers:

To Reviewer #1:

I read the study presented with great interest and I have some questions that I think are important for the result. When you state in the discussion the following sentence: "(1) Laparoscopic intracorporeal anastomosis requires surgeons to have abundant surgical and suture experiences. After passing through the learning period, the incidence of complications may significantly decrease [23]; (2) Due to the high position of tumors, intracorporal anastomosis seems difficult in some patients. To ensure the surgical safety, the transition of surgical approaches from TLG to LAG may be necessary, increasing the surgical risk of patients in LAG group". - In your analysis, were all patients operated on by surgeons experienced in intracorporeal anastomosis? - In your sample, were patients with a TLG/TLDG plan converted to assisted laparoscopic gastrectomy due to a surgical complication or technical difficulty? In this case, there would be another bias of the study, that the worst or complicated cases during the totally laparoscopic techniques were converted. Further, it changing the conclusion that the laparoscopic assisted technique is an independent risk factor for surgical complications.

Response: Thank you very much for your work and professional comments. We have rechecked the cases included in this study. The surgeries in this study were performed by surgeons with high proficiency in intracorporal anastomosis and they had overcome the learning curve of TLG

sufficiently. Whether surgeons chose TLG or LAG was based on comprehensive assessment of tumor location, physical status, etc. before surgery. In our study, there were no cases who received TLG/TLDG converted to assisted laparoscopic gastrectomy. The patients with intraoperative conversion to the open surgery were also excluded, which has been stated in **PATIENTS** part of **MATERIALS AND METHODS**. Thus, there were no biases of surgical conversion caused by worst or complicated conditions of patients. We hope our revision and answers can meet your standards. If you think there are still problems to be solved, please respond to us. We will make every effort to revise this manuscript. Thanks for your effort and supports to our work again.

To Reviewer #3

In this paper Zhao RY et al aims to compare the short-term efficacy and quality of life between totally laparoscopic gastrectomy and laparoscopic-assisted gastrectomy in elderly patients. The study had a great number of patient but the analysis mix together total gastrectomy and distal gastrectomy leading to bias in the analysis of outcome and QOL. i suggest to conduct separate analysis for the total gastrectomy arm and for the distal gastrectomy arm.

Response: Thank you very much for your work and professional comments. We feel sorry about the absence of the subgroup analysis for outcome and QOL between total gastrectomy and distal gastrectomy groups. It will affect the accuracy and reliability of our conclusion. Therefore, we performed the subgroup analysis, and the results were shown in supplementary tables and introduced in **RESULTS** part. In addition, patients who underwent TLG were more satisfied for their body image and had less nausea and vomiting than patients with LAG, both in total gastrectomy and distal gastrectomy groups. The data are consistent with our conclusions. We hope our revision and answers can meet your standards. We will spare no efforts to refine this manuscript. Thanks for your valuable work again.