

Format for ANSWERING REVIEWERS



February 24, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8122-review.doc).

Title: Prognostic nutritional index predicts postoperative complications and long-term outcomes of gastric cancer

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8122

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

1 Format has been updated

2

1) Revision has been made according to the suggestions of the reviewer (No 00227386).

The revision in the paper have been shaded.

2) Revision has been made according to the suggestions of the reviewer (No 00070823).

The reviewer thought this paper can draw the attention of readers if paper can be accepted.

3) Revision has been made according to the suggestions of the reviewer (No 01438559).

1. In the abstract methods, detailed description of statistical analysis is not needed. However, data that were used for analysis should be mentioned in the method. In addition, in the abstract results, patient number in PNI-high and low group, data suggesting the incidence of postoperative complications, overall survival should be included.

All patients were divided into two groups according to the cutoff value of the PNI: group 1 (PNI ≥ 46) and group 2 (PNI < 46). The relationship between postoperative complications and PNI were analyzed by logistic regression.

RESULTS: The low PNI is an independent risk factor for the incidence of postoperative complications (OR=2.223). The 5-year overall survival (OS) rates were 54.1% and 21.1% for PNI ≥ 46 and PNI < 46 .

4. In the methods, the definition of postoperative complications used in this study should be explained.

Postoperative complications were defined as any deviation from the normal postoperative course

5. How was the follow-up done? Explanation of "a standardized protocol" is needed.

The patients were followed up every 3 months up to 2 years after surgery, then every 6 months up to 5 years, and then every year or until death. Physical examination, laboratory tests, imaging and endoscopy were performed at each visit. The median follow-up was 39 (range 1-103) months, and the last follow-up date was December 20, 2013. The overall survival rate was calculated from the day of surgical resection until time of death or final follow-up.

8. Was there any difference in the hospitalized period between the PNI high and low group?

In this study, we only consider the relation between preoperative PNI and long-term outcome of gastric cancer patients, in our future study, this may be considered

9. In the discussion, page10, last sentence "These results suggest that a low PNI effects..." may not be concluded from this study. Whether low PNI was induced by the progress of tumor, or tumor progression induced malnutrition cannot be figured out.

This is a reason we considered can explained the results

4) Revision has been made according to the suggestions of the reviewer (No 02551548).

2. During the time period of the study there might have been a difference in preoperative immunonutrition and feeding of the patients that leads to a different PNI at the time of the operation. The authors should comment on preoperative immunonutrition of the two study groups and discuss the impact in the discussion section.

In this study, we had discuss the difference in preoperative immunonutrition and feeding of the patients that leads to a different PNI at the time of the operation

In this study, we only consider the relation between preoperative PNI and long-term outcome of gastric cancer patients

3 References and typesetting were corrected

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

Sincerely yours,

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