12 May 2023

Respected Sir/Madam

Reference#: 84902

Title: Immunotherapy for advanced gastric cancer

I am hereby giving points response to your comments;

Reviewer #1

Comment #1: In this study, Wattana Leowattana and colleagues summarized the current advances of Immunotherapy for advanced gastric cancer. In general, this review is interesting and inspire for readers. I think this review can be published without revision.

Authors answer: Thank you very much for your valuable comments and suggestions.

Reviewer #2

Comment #1: The article briefly mentions the potential of combining immunotherapies with other treatments, such as chemotherapy, but does not provide a detailed exploration of these approaches or their potential benefits and challenges.

Author answer: Thank you for your suggestion. The results and clinical outcomes were mentioned in each study but could not be summarized together because of numerous variations.

Comment #2: How about other checkpoint inhibitor, for example Sintilimab, Tislelizumab and CTLA-4 inhibitor?

Author answer: Thank you for your question. Sintilimab, Tislelizumab, and CTLA-4 inhibitors are underway in clinical trials, and the results are not yet final.

Comment #3: The article could be better organized by grouping studies that evaluate similar treatment regimens together, which would make it easier for readers to compare the findings. For example, the two studies evaluating Avelumab could be discussed consecutively.

Author answer: Thank you for your suggestion. The overall studies did not use the same regimens and could not be grouped together. For Avelumab, there were two studies, which were consequently discussed in the same paragraph.

Comment #4: The article could provide a more in-depth discussion of the clinical implications of the study findings. For example, what do the results mean for patients and clinicians, and how might they inform future research on Avelumab and Durvalumab in AGC and AGEJC?

Author answer: Thank you for your idea. The results of the studies of Avelumab and Durvalumab in AGC and AGEJC were already summarized in the manuscript, but there is still controversy due to the limited number of clinical trials.

Comment #5: In the sentence "By encouraging the polarization of less cytotoxic and pro-inflammatory T cell subsets, the tumor microenvironment may compromise anti-tumor immunity," the phrase "less cytotoxic and pro-inflammatory" is unclear. It should be rephrased for clarity, such as "By encouraging the polarization towards less cytotoxic T cell subsets and pro-inflammatory T cell subsets, the tumor microenvironment may compromise anti-tumor immunity."

Author answer: Thank you for your suggestion. I already modified it.

Comment #6: However, with significant revisions to address the weaknesses mentioned above, the article has the potential to provide a valuable contribution to the field of gastric cancer immunotherapy.

Author answer: Thank you for your opinion.

Reviewer #3

Comment #1: Except for the description of the epidemiology and molecular genetic characteristic of gastric cancer, the authors mainly reviewed the current immunotherapy studies in advanced gastric cancer. However, there are many reviews related to immunotherapy of gastric cancer have been published. The authors only simply descripted the existing research, but lacked of refined summary, logical thinking and the deep discussion. The organization and presentation of those studies related to PD-1/PD-L1 immunotherapy is poor. It also lacked of the prospects for future strategies. In addition, the abstract could not accurately summarize the content described in the manuscript. Therefore, the significance, the interest and readability of this review is limited.

Author answer: Thank you for your comments. The summary of the immunotherapy studies is shown in Table 2. I already modified the abstract as per your suggestion.

Best regards,

W. Leowattana

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