

Reviewer 1:

Very interesting study. I recommend to accept this manuscript after a minor language editing. Authors should give more clarity to how all patients were staged, and how about the PET, CT, EUS and diagnostic laparoscopy with peritoneal cytology?

Thank you so much for the advice. The manuscript has been edited by the native English speaker. All the patients were staged based on compulsive PET, CT, EUS and selective diagnostic laparoscopy. The revised staging procedures have been added in the manuscript.

Reviewer 2:

This study is very interesting. In this study, the role of preventive hyperthermic intraperitoneal perfusion after radical gastrectomy was studied. The design of the study is overall good, and the manuscript is acceptable. Comments: 1. The manuscript requires an editing. A minor language polishing should be corrected. 2. The inclusion/exclusion criteria is not in detail, please check and revise. 3. Discussion is interesting.

Thank you so much for the advice. The manuscript has been edited by the native English speaker. And the inclusion/exclusion criteria have been added in the revised manuscript.

Reviewer 3:

The authors present a case control study evaluating adjuvant HIPEC for locally advanced gastric cancer. They report fewer peritoneal recurrences, improved disease-free and overall survival with the addition of HIPEC. This study adds to the growing body of evidence suggesting an improvement in outcomes with adjuvant HIPEC without increasing complications. The GASTRICHIP trial will hopefully answer this question. The manuscript needs significant language editing and polishing to make it more fluid and readable. I also have the following suggestions for improvement.

1) I am confused. Is this a prospective registry or observational study? Was all data collected prospectively? How was treatment arm assigned? This needs more explanation.

Thank you so much for the advice. Our study was an observational study with data collected respectively. And the treatment arm assignment has been added in the revised manuscript.

2) please add the p-values to the Kaplan-Meier graphs

Thank you so much for the advice. The p values have been added in the revised figure 1 and 2.

3) please add a row below the Kaplan Meier graphs with the number at risk at each time point

Thank you so much for the advice. A row below the Kaplan Meier graphs with the number at risk at each time point have been added in the revised figures.

4) in the tables can the authors please report absolute number and percentage of the total

Thank you so much for the advice. The absolute number and percentage of the total have been added in the tables.

5) can the authors give more clarity to how all patients were staged? Did they all get PET, CT, EUS and diagnostic laparoscopy with peritoneal cytology?

Thank you so much for the advice. All the patients were staged based on compulsive PET, CT, EUS and selective diagnostic laparoscopy. The revised staging procedures have been added in the manuscript.

6) can the authors add what chemotherapeutic agents and dosage they used for the HIPEC?

Thank you so much for the advice. The chemotherapeutic agents and dosage have been added in the revised manuscript.

7) the authors need to include the upcoming GASTRICHIP trial in their discussion

Thank you so much for the advice. We have added the GASTRICHIP trial in the revised discussion.

8) the inclusion/exclusion criteria is very poorly written and needs to be revised to make it more clear how patients were chosen for the study

Thank you so much for the advice. The revised inclusion/exclusion criteria

9) were all the operations done open or were some done MIS?

Thank you so much for the advice. The operations were done either open or MIS according to the surgeon's skills and habit.

10) peritoneal recurrence should be reported as a time-to-event analysis. So peritoneal recurrence-free survival.

Thank you so much for the advice. We have added in the revised manuscript.

11) complications should be reported using clavier-dindo classification or using the common terminology criteria for adverse events (CTCAE). They should also be reported for either 30, 60 or 90 days and this should all be outlined in the methods. Mortality should also be reported as 30, 60, or 90 day.

Thank you so much for the advice. The advice is truly important for the evaluation of complication. In the study, we compared the complication rate during hospital stay. And we will focus on the complication rate on 30, 60 or 90 days in our next prospective study.

12) authors may want to add margin status to table 1

Thank you so much for the advice. The margin has been added in Table 1.