Dear Editor,

Name of Journal: World Journal of Gastrointestinal Oncology
ESPS Manuscript NO: 24075
Manuscript Title: **C**linicopathological features of patients with middle third gastric carcinoma

I would like to thank your effort to review my manuscript.

I have revised my manuscript according to the reviewers' comments.

I provided a short running title and biostatistics statement.

I provided the audio core tip.

For reviewer 1.

I corrected a typo in the article in the legend of Table 4.

For reviewer 2.

In the univariate analysis, patient age, sex, tumor size, depth of invasion, histologic type, presence of hepatic metastasis, lymph node invasion, extent of lymph node dissection, and stage at initial diagnosis were found to influence the 5-year survival of patient with MGC (Table 2). However, not all these factors were included in the multivariate analysis. Besides, serosal invasion and operative curability were added in the multivariate analysis (Table 4). **- We revised the Table 4.**

Page 6, Lines 1-4: "When corrected for depth of invasion, tumor stage, and lymph node invasion in the two groups, tumor stage (stage I), N category (N0), and T category (T1) significantly influenced the 5-year survival rates for patients with curatively resected tumors (Table 3)." I found it a little ambigious. What are the two groups refer to? And What does Table 3 imply?. **- The two groups are MGCs and PGCs. We compared the influence of T category, and N category on the 5-year survival rate between patients with MGC and PGC surgically treated with curative intent.**

In the experimental design, the location of tumor was classified as the proximal,

middle, or distal third of the stomach according to the Japanese classification of gastric carcinoma outlined by the Japanese Research Society for Gastric Cancer. In the Methods section, the author stated that the patients with carcinoma involving the entire stomach were excluded. I have a question that how to classify the patients when their tumors occupy 1/2 or 2/3 of the stomach**.- The stomach is anatomically divided into three portions; the upper (U), middle (M), and lower (L) parts. If more than one portion is involved, all involved portions should be described in order of degree of involvement, the first indicating the portion in which the bulk of the tumor is situated.**

The cases enrolled in the present study were from 1987 to 2004. Cases from the more recent years would be more preferable**.- We are going to enroll cases from the more recent years in the future paper.**

The cut-off value for age is 65 in this study. The rational explanation of adopting 65 as cut-off value is needed**.- We found the statistical significant in age 65.**

In the Introduction section, the authors stated that "Generally, the prognosis of patients with middle third gastric carcinoma (MGC) is better than that of patients with proximal or distal third gastric carcinoma (PGC/DGC)[2];…" However, one of the conclusion the authors made from the present study is that tumor location did not affect the prognosis. It seems different from the previous studies like the Reference [2]. The authors should discuss the possible reason(s) in the Discussion section. **- We supplemented in the Discussion section.**

The authors should make a more in-depth discussion on their findings, especially the discrepancies with others' results. **- There were a lack of papers about middle gastric carcinoma patients, so we could not make a more in-depth discussion on our findings.**

The title of Table 1 is not appropriate, since there are also clinicopathologic characteristics of patients with PGC and DGC. **- We changed the title of Table 1.**

There are some grammatical and typographical errors in the manuscript. It is advised to have the paper revised by a native English speaker or by professional editing service. **- We reviewed our paper by professional editing service.**

With kind regards,

Dong Yi Kim, M.D., PhD.
Professor