

Respond to the 00579619 reviewer:

[Y] **Grade C: A great deal of language polishing - done**

1. You should write the process that D2 became acceptable worldwide and the problems of the present D2 (e.g. the problem of splenectomy):

Process that D2 became acceptable worldwide passes through the entire article with final conclusion "D2 LD is considered an unambiguous standard of GC surgical treatment in specialized centers according to national recommendations in Germany^[46], the United Kingdom^[47] and Italy^[48] as well as mutual recommendations of the European Society of Medical Oncologists, Surgical Oncologists and Radiation Therapists (ESMO-ESSO-ESTRO)^[45] ".

Main problem with D2 is problem of splenectomy (removing group №10). Results of JCOG 0110 Trial which will clear this question is still unpublished (no preliminary results was not presented at last International Gastric Cancer Congress in Sao-Paulo 2015).

2. You should discuss it that superiority of expanded D2 (D2 plus para-aortic lymphadenectomy) for advanced gastric cancer was denied in the JCOG9501 study

.... "This debate into the effectiveness of extended (D2 + LD) interventions in GC cases remains open. A well-known clinical study conducted by M. Sasako et al.^[34] did not demonstrate an increase in survival after D2 + para-aortic LD for patients with resectable GC. However, many recent studies have demonstrated the possibility of increased survival after the application of extended LD in a selected group of patients with a high risk of metastasis in LNs of the N°16 station^[50, 51]."

3. The Background section is not needed. The context should be included in the latter half section. - done

4. "Results of a retrospective analysis of LD D2 were" (page 8), this sentence should be included in the next section - done.

5. The number of harvested LN is very different between total and subtotal gastrectomy. Also, it must be depended on the difference of postoperative pathological inspection between Japanese and European pathologists:

"The median number of LNs removed is an important indicator of lymph node dissection quality. Significant geographic fluctuations of this indicator in the performance of D2 LD have now been established. There are diametrically polar indicators in European randomized trials. In the British study, the median number of removed LNs was 17^[28]; in the Dutch study, the number was 30^[32]. There were 25-26 LNs removed in the Western retrospective studies^[36,37] and 54 LNs removed in Japanese specialized centers^[30]."