

Author's responses to the reviewer's comments:

Thank you very much for your comments. We have made appropriate changes to our paper as detailed below.

Reviewer's comments:

Reviewer: 2

Comments to the Author:

I think that the issue of function preserving gastrectomy can be applied only for early gastric cancer. But what about endoscopic submucosal resection already widely accepted by the scientific community?

➡The following was added (page 8, line 2):

Generally, it may be thought that endoscopic resection is not a surgical procedure, namely FPG. However, as the techniques and instruments of endoscopic resection have developed, and its indications have expanded, the borderline between usual surgical operations and recent endoscopic resection has become unclear. Therefore, endoscopic resection was treated as an FPS in this article.

How can a surgeon avoid the risk of metachronous gastric cancer after a function preserving gastrectomy? Although these considerations true, I think that this paper adds knowledge to the scientific community.

➡The following was added (page 10, line 1):

Specifically, regular follow-up with endoscopic examination is needed. Furthermore, for the surgeon, especially following PG, it is most important to select the reconstruction method that is appropriate for observation of the remnant stomach through endoscopy. Of course, eradication of *Helicobacter pylori* should be considered. Although the above mentioned 3 elements should be considered in FPG, further randomized, clinical trials are needed to identify the most important element.

Thank you very much for your comments, and we hope that our changes will now make the paper acceptable for publication.