

World Journal of Gastroenterology, Baishideng Publishing Group Inc

Science Editor, Editorial Office

Dr. Ze-Mao Gong,

November 25, 2016

We would like to thank you very much for giving us the opportunity for improvement of our study. We appreciate editors and reviewers very much for their constructive suggestions on our manuscript. We have modified our manuscript, and hope this revised manuscript was significantly improved.

The major modified parts were marked red in the revised manuscript, and below is a response to the comments and suggestions of reviewer.

We appreciate for editors and reviewers' warm work, and hope that the corrections will meet with approval.

Sincerely yours,

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Response to the Reviewer's comments

Reviewer 1

Comment: The authors do a good work, they collected data on GC patients aged 85 or older who underwent surgery in our related hospitals, and examined surgical therapies, clinicopathological features, and survival, which give us some treatment advice for elder gastric cancer patient

Response: Thank you for your kind review work and competent comment.

Reviewer 2

Comments: Authors wrote a good manuscript. However, I think some corrections are necessary as you can see in red color in attached file. In tables, some explanations of

abbreviation are necessary.

Response: Thank you for your suggestions. We revised our manuscript according to your suggestions.

Reviewer 3

Comments: Because of life extension in the elderly and development of minimal invasive surgery in gastric cancer, therapeutic option for gastric cancer in the elderly was increasing. The authors concluded that non-cancer-specific death was not negligible particularly in cStage I, and gastrectomy with radical lymphadenectomy appears to be an effective treatment for cStage II elderly patients. This article can provided therapeutic consideration for surgeon for surgical intervention in elderly gastric cancer patients.

Response: Thank you for your kind review work and summary.

Reviewer 4

Comment: This manuscript tried to address the question that elderly patients with gastric cancer have a specific character or not. I would like to know the following points:

Comment 1. #1 Why were the patients with R2 resection excluded in Table3?

Response: In the present study, patients with bypass or un-resected surgery were also included as R2 cases, as shown in MATERIALS AND METHODS section. We considered that an inclusion of the prognosis of these R2 patients was inappropriate for the analysis of prognostic factor by surgical therapy. In the 21 R2 cases, the prognosis of patients who underwent gastrectomy was slightly better, but not significant, than that of patients who underwent bypass or un-resected surgery. We did not show the data this time.

Comment 2. #2 What is a characteristic feature for elderly GC patients compared with younger patients? The author may mention much more in the discussion part.

Response: We revised DISCUSSION section about the comparison with younger GC patients. In cStage I patients, a characteristic feature will be a high rate of non-cancer-specific death, and in cStage II or III it will be a low rate of cancer-specific survival due to limited lymphadenectomy.

Comment 3. #3 The most interesting result was the survival rate of cStage I group because their 5-yr cancer specific survival rate was 100%, but overall survival rate was

56%. What is reason for this difference? Were cStage1 patients more elderly, did they have higher frequent rate with cardiovascular or cerebrovascular complications? If this results are true, the operation for cStage1 GC patients may not contribute the overall survival. Is the operation to cStage1 GC patinets necessary?

Response: The reason for the difference between cancer-specific and overall survival was non-cancer-specific death. In the present study, we could not confirm all causes of non-cancer-specific death, however, pneumonia and cardiovascular event were leading cause. These events equally occurred among the group of elderly patients. We consider that gastrectomy is still necessary for cStageI GC patients because many patients obtain prolonged survival more than 5 years. However, less-invasive gastrectomy such as limited lymphadenectomy or simple gastrectomy should be considered. We revised the DISCUSSION and CONCLUSION section.

Comment 4. #4 The author can more precisely address the difference between elderly GC patients and younger patients

Response: Thank you for your comments. We revised our manuscript particularly in DISCUSSION and CONCLUSION section by reference to your comment 2 or 3.