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Dear editors,

Re: Manuscript reference-37164

Please find attached a revised version of our manuscript "Timing of surgery after neoadjuvant chemotherapy and the impact on outcomes for gastric cancer", which we would like to resubmit for publication in World Journal of Gastroenterology.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers. Additionally, we highlight the revision in the manuscript.

We tried our best to improve the manuscript and made some changes in the manuscript. Though these changes will not influence the content and the framework of the paper. We appreciate for Editor/Reviewers' warm work earnestly, and hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in the eminent journal.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

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Comments:

Reviewer's code: 03478635

This is an important study describing about the timing of surgery after neoadjuvant chemotherapy. The abbreviation for ypN may be added in Abstract. Please re-check whether the description that a $p < 0.2$ in univariate analysis were selected for multivariate analysis is right or not in Materials and Methods, and Result.

Response: We are grateful for the reviewer's comments, it helped us to improve the quality of this manuscript. We have added the abbreviation for ypN stage in abstract (lines 17-18, page 3). We apologize for our inappropriate expression, and we have checked our description again and polished the languages (lines 9-10, page 7; lines 7-8, page 8). However, we didn't find any problems about the content of the description. We also found a similar expression in previous article "Extended Intervals after Neoadjuvant Therapy in Locally Advanced Rectal Cancer: The Key to Improved Tumor Response and Potential Organ Preservation".

Reviewer's code: 37164

"Timing of surgery after neoadjuvant chemotherapy and the impact on outcomes for gastric cancer" submitted to World Journal of Gastroenterology has been evaluated and my comments are listed below: Line 15- "OS[8-11]in rectal cancer" may be written as "OS in rectal cancer[8-11" Line 27: "andsurgical" should be corrected as "and surgical" This article include only 17 (9.7%) patient had an interval time >6 weeks and follow-up time very short for survival (3-year) as the authors say.



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Response: We apologize for our inappropriate usage. We have revised the location of citations (lines 15-16, page 5). As for the mistake “andsurgical”, we didn’t find this mistake after we had checked our manuscript again and again, and it may a mistake caused by the conversion from Word to PDF. In our hospital, we usually perform surgery at an interval time of <6 weeks, though there were no relevant researches can provide a guide. However, because of adverse reactions after chemotherapy, patient’s financial status or long hospital admission waiting time, some patients can’t undergo surgery timely. so, the patients with an interval time of >6 weeks are small part of the population. Our results were achieved from the strict statistical analysis, we will validate our conclusions and find more accurate interval time through a randomized control trial with a large sample size. To investigate whether the interval time between NACT and surgery have an impact on pCR was our primary object and the follow-up time didn’t impact our conclusion. As for the factors related to long-terms survival, most of them were proved by previous studies. Therefore, the relatively short follow-up time didn’t affect the conclusions in our manuscript. We will validate our results at the end of 5 years follow-up time.

Reviewer’s code: 02537509

Author has presented a retrospective study about the timing of surgery after neoadjuvant chemotherapy. This paper is well written and is worth publishing in the WJG



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Response: We are grateful for the reviewer's identification. The optimal interval time of NACT-Surgery are not clear in gastric cancer. As we known, there is an institution has ever reached a consensus through MDT and their conclusion is an interval time at least 4 weeks should be required. Though our conclusions are inadequate for the decision of optimal interval time, it is essential and meaningful for the further researches.

We also polished our language in the manuscript (line 33, page3; line 3, 4, page 4) and added the part of "article highlight" according to the editors 's suggestion.

Thanks again for the warm work earnestly of editors and reviewers.