

Format for ANSWERING REVIEWERS



September 14, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1781-Review.doc).

Title: Chemotherapy for patients with gastric cancer after complete resection: a network meta-analysis

Author: Ya Wu Zhang, Yu Long Zhang, Hui Pan, You Cheng Zhang, Yuan Shao , Feng Xian Wei, Wei Han, Hai Peng Liu , Zhe Yuan Wang, Sun Hu Yang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 4781

The manuscript has been improved according to the suggestions of reviewers and editors:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- Review #1

The manuscript “Chemotherapy for patients with gastric cancer after complete resection: a network meta-analysis” by Ya Wu Zhang et al was aimed to evaluate the effectiveness of different chemotherapy regimens for patients with gastric cancer performing a Network meta-analysis after traditional meta-analysis. The premise of the network meta-analysis was to compare the effectiveness of therapies in an indirect way trying to find the best assuming you already have a standard treatment (surgery). At the moment, in gastric cancer, apart from recent Asian studies, there are no clear indications on the efficacy of adjuvant chemotherapy.

(1)**Comment:** Consequently, surgery is the standard treatment as confirmed by the authors of the submitted paper and, for this reason the topic of the manuscript is very interesting
COMMENTS Major ?

Response: Approximately 20%-60% of gastric cancer patients after surgery would continue chemotherapy, and the effectiveness of different regimens was evaluated by not only the outcomes of traditional and network analysis, but also the side effect and evidence quality as shown in **COMMENTS**(now they has been in **DISCUSSION** part). They all played very important roles.

(2)**Comment:** What is the minimum number of patients included in the studies considered for the network meta-analysis ?

Response: The MMC regimen contained the minimum number of patients(204 cases) included in the studies considered for the network meta-analysis, which was shown in the second paragraph of DISCUSSION marked in red.

(3)**Comment:** Why the Authors considered for the network meta-analysis also the study of Lawton et al (patients operated with palliative intent) and that of Miyashiro et al (use of intraperitoneal chemotherapy)?

Response: We are very sorry that because of limits of this meta-analysis, we just evaluated the effectiveness of different chemotherapy regimens, without more detailed to study the different kind of surgical approaches and chemotherapy methods.

(4)**Comment:** The manuscript needs to be reviewed for the presence of several typos (results)?

Response: We accept the comment, and the typos have been modified.

(5)**Comment:** The acronyms should be explained (regimens) ?

Response: we accept the comment. Regimes acronyms were explained in the **Abstract** and added under Table 1 in the **Figures and Tables**.

(6)**Comment:** The author uses the terms "palliative chemotherapy" and "first-line chemotherapy", but these are terms used for metastatic disease.

Response: We accept the comment."first-line chemotherapy" was deleted, "palliative chemotherapy" was corrected as "adjuvant chemotherapy " or "chemotherapy".

● Review #2

This is a good paper. This reviewer only objects that a complete revision of the english text is mandatory in order to ameliorate text comprehension.

(1)**Comment:** For example it is difficult to understand the kind of patients adressed in this study: patients who need palliative chemio as suggested by the selection of the search key-word or adjuvant chemio as it seem intended by the authors?

Response: We are very sorry about that. The manuscript has been revised. Actually we search all the RCTs studying the effectiveness of different chemotherapy regimens, which may divide into palliative or adjuvant chemotherapy.

(2)**Comment:** A second example: it is impossible for the normal reader to understand the results section in the abstract: it seems that the authors themself lost their way through the chemio regimens. Furthermore, I suggest a table or a footnote explicating the different regimens of chemio considered.

Response: We are very sorry about that, and we accept the comment. Different regimens of chemio were explained in the **Abstract** and added under the Table 1 in the **Figures and Tables**.

- Review #3

Comment: Original paper based on a sound methodology. However an important modern trial is not covered by the present analysis (Classic trial, xelox vs surgery).

Response: XELOX is a very important regimen for gastric cancer, while according the inclusion and exclusion criterion, unfortunately we failed to include such randomized controlled trials studying XELOX vs surgery.

- Review #4

Comment: Please make English writing much better by native English person. All results of meta-analysis seems to be very fine.

Response: We are very sorry about that. The manuscript has been carefully revised according to reviewers and editors comments.

3 Core tip, Comment and Figures were added and corrected.

4 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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