

Point-by-Point Response to the Reviewers' comments

1. *When the patients underwent assessment with Computed Tomography (CT)? At the first visit? Were all cases primary gastric cancer, not recurrence?*

Answer: Thanks for reviewer's comment. The information concerning when the patients underwent assessment with CT was not mentioned in the articles we included in our meta-analysis. We included both advanced and recurrent gastric cancer patients in our meta-analysis.

2. *In Discussion section, you described the 5-year OS of gastric cancer patients with peritoneal metastasis. However, you should demonstrate with more recent literature.*

Answer: Thanks for reviewer's comment. Following the suggestion, we have revised the 5-year OS of gastric cancer patients with peritoneal metastasis as below.

"With a 5-year OS less than 20%, peritoneal metastasis is considered a manifestation of the end-stage of gastric cancer."

3. *In Abstract and Conclusion section, you should add 'cancer' in (P.4, L4 and P.12, L.25 (Gastric patients to Gastric cancer patients)).*

Answer: Thanks for reviewer's comment. We have added 'cancer' in (P.4, L4 and P.12, L.25 (Gastric patients to Gastric cancer patients)).

4. *The prognosis of gastric cancer patients with peritoneal metastasis is very poor. You demonstrated the prognosis of gastric cancer patients with malignant ascites was related to the volume. You should describe the treatment plans using the ascites grade that you evaluated in this report.*

Answer: Thanks for reviewer's comment. Following the suggestion, we have described the treatment plans in Conclusion as below.

"The treatment of these patients should be decided discreetly, taking into consideration the general status of the patient. For gastric cancer patients with mild to moderate ascites, we can choose cytoreductive surgery with hyperthermic intraperitoneal chemotherapy (HIPEC), laparoscopic HIPEC alone, intravenous chemotherapy, intraperitoneal chemotherapy or molecular targeting therapy. For gastric cancer patients with massive ascites, benefit for delivering chemotherapy should be weighed carefully against the risk, and best supportive care should be considered as an alternative."

5. *dear authors, thank you for this interesting review, however I would find it interesting and informative if you can describe more the ascetic fluid biochemistry
Thank you*

Answer: Thanks for reviewer's comment. Following the suggestion, we added some ascetic fluid biochemistry in Discussion as below.

"Bekes et al reported that VEGF can induce angiogenesis to allow tumor growth and increase endothelial permeability via suppression of VE-cadherin and subsequent claudin 5 in the peritoneal vasculature, which finally induces ascites and thereby facilitates dissemination of cancer cells in the abdominal cavity."