

Dear editor,

Thanks for your and reviewers' work on our job. According to the evaluation of reviewer, we have made some changes and explanation in the response letter and revised manuscript. And then, we polished our article at AJE (<https://www.aje.cn/>) for English language editing. In addition, the explanation and modification of major revisions were as following.

If you have any questions, please don't please do not hesitate to contact us. Thanks again.

Reviewer #1: The authors investigated the prognostic data in patients with type IV gastric cancer who underwent gastrectomy with lymphadenectomy. There are some queries and comments.

1. In the present study, there was no surgical information of lymphadenectomy (D1, D1+, D2, and D2+). This information is important for this study.

Thanks for your reminder, we have supply lymphadenectomy in Table 1. There were 116 patients who received D2 lymphadenectomy, and the other one was D2+ lymphadenectomy.

2. 74 patients received adjuvant chemotherapy. The authors should indicate the clinical indication of adjuvant chemotherapy.

Selection and implementation of chemotherapy regimens was according to NCCN Guideline. In this study, the indications of receiving chemotherapy: ①patients with T3-T4 or patients with N1-N3; ②Radical degree was not R0. In addition, whether received chemotherapy also depends on patients' age and preference. As shown in Suppl. Table 1, the age, pT stage, and venous/lymphatic infiltration was different for patients with or without chemotherapy ($p < 0.05$).

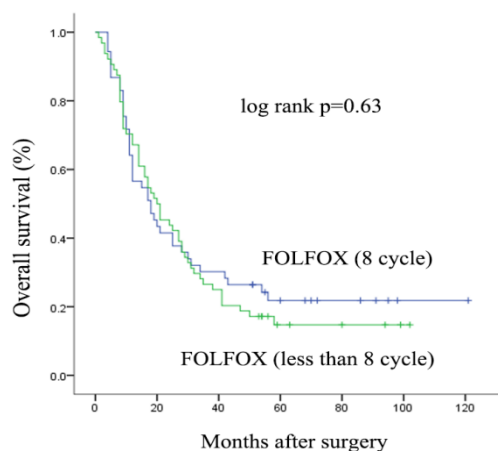
Suppl. Table 1 Clinicopathological factors of patients with or without chemotherapy

	Chemotherapy (N=74)	Nonchemotherapy (N=43)	P value
Age	55.23±10.21	61.53±10.56	0.002
Tumor size	7.64±3.21	8.09±2.87	0.45
Sex			0.076
Male	43 (58.1%)	32 (74.4%)	
Female	31 (41.9)	11 (25.6%)	
Radical degree			0.163
R0	32 (43.2%)	13 (30.2%)	
R1+	42 (56.8%)	30 (69.8%)	
Gastrectomy type			0.241
Subtotal gastrectomy	55 (74.3%)	36 (83.7%)	
Total gastrectomy	19 (25.7%)	7 (16.3%)	
pT			0.03
pT3	28 (34.8%)	8 (18.6%)	

pT4	46 (62.2%)	35 (81.4%)	
pN			0.207
pN0	16 (21.6%)	6 (14%)	
pN1	10 (13.5%)	5 (11.6%)	
pN2	10 (13.5%)	5 (11.6%)	
pN3	38 (51.4%)	27 (62.8%)	
Venous/lymphatic infiltration			0.04
Yes	52 (70.3%)	22 (51.2%)	
No	22 (29.7%)	21 (48.8%)	
Histological type			0.477
Poor	68 (91.9%)	41 (95.3%)	
Well	6 (8.1%)	2 (4.7%)	

3. How about the relationship between prognosis and the therapeutic duration of adjuvant chemotherapy?

There were 74 patients who received FOLFOX6 in postoperative 6 months. Completion degree of chemotherapy was heterogeneous, with 8 or less cycles. We made a retrospective analysis for therapeutic duration, which revealed that prognosis of circumscribed Borrmann IV wasn't related with the chemotherapy duration ($p=0.63$).



4. The clinical data of cytology should be indicated. How about the relationship between prognosis and cytology findings?

In our study, the cytology result of peritoneal lavage fluid was negative.

5. In this study, 72 patients had R1+ resection. What is the clinicopathological factor for R1+ resection?

To explore the clinicopathological factors for R1+ resection, we made a retrospective analysis for R0 vs. R1+. As shown in Suppl. Table 2, patients with large tumor size, advanced pN stages always had radical degree of R1+. Age, pT and gastrectomy type were not the risk factors of R1+ resection.

Suppl. Table 2 Clinicopathological factors of patients with R0 and R1+ resection

	R0 (N=45)	R1+ (N=72)	P
Age	57.73±9.64	57.43±11.43	0.883
Tumor size	7.05±2.96	8.29±3.09	0.034
Sex			0.466
Male	27 (60.0%)	48 (66.7%)	
Female	18 (40.0%)	24 (33.3%)	
Histological type			0.954
Poor	42 (93.3%)	67 (93.1%)	
Well	3 (6.7%)	5 (6.9%)	
Gastrectomy type			0.069
Subtotal gastrectomy	31 (68.9%)	60 (83.3%)	
Total gastrectomy	14 (31.1%)	12 (16.7%)	
pT			0.728
pT3	13 (28.8%)	23 (31.9%)	
pT4	32 (71.2%)	49 (68.1%)	
pN			0.000
pN0	14 (31.1%)	8 (11.1%)	
pN1	9 (20.0%)	6 (8.3%)	
pN2	8 (17.8%)	7 (9.7%)	
pN3	14 (31.1%)	51 (70.9%)	
Venous/lymphatic infiltration			0.833
Yes	29 (64.4%)	45 (62.5%)	
No	16 (35.6%)	27 (37.5%)	

6. In Table 2, multivariate analysis selected pN stage as an important prognostic factor. This pN stage means pN0 vs. pN1-3?

In the multivariate analysis, the pN stage was selected pN0, pN1, pN2, pN3, respectively; not means pN0 vs. pN1-3.
