Dear Editors of "World Journal of Clinical Oncology",

We are sending you the revised manuscript entitled "**Evaluation of jejunostomy in the palliative treatment of gastric cancer**" (Manuscript NO.: 66588, Retrospective Study).

The manuscript was revised according to the reviewer's comments and responses to each question are provided below.

We are glad for the opportunity to send the revised manuscript to this renowned journal.

Thank you in advance for your time.

Respectfully,

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Response to reviewer comments

Reviewer #1:

Scientific Quality: Grade B (Very good) Language Quality: Grade B (Minor language polishing) Conclusion: Major revision Specific Comments to Authors: This research focused on Evaluation of jejunostomy in the palliative treatment of gastric cancer, after check the pubmed, very important.

1. Table 1 gives different variables different points, following which rule? Have some references cited?

The variables chosen for the score construction were factors related to the patient's general condition – which are generally used in clinical and diagnostic practice - and variables specifically related to gastric cancer, which have an impact on prognosis and survival in several previous studies. ^[1-5] To clarify this topic, we added some references and these aspects in the methods section.

Briefly, we include sex and age, which are baseline characteristics; factors that reflect the general status of the patients - such as BMI, presence of comorbidities (according to the Charlson classification) and ASA classification - which are variables with a prognostic impact; laboratory parameters usually examined in cancer patients and that reflect nutritional status (albumin and hemoglobin) and inflammatory status (neutrophil-lymphocyte ratio); and, finally, variables related to survival in stage IV gastric cancer, such as tumor size, number of sites of metastasis and presence of ascites in CT.

2. Figure 1 2 not very clear.

Figure 1 represents the score performance metric determined by the area under the receiver operating characteristic (ROC) curve (AUC) to define low and high-risk groups for 90-day mortality. The ROC curve of the development cohort (J1 group) and the validation cohort (J2 group) are presented so that the accuracy of the score can be visualized. A brief explanation of the ROC curve was added to the figure legend.

In Figure 2, we present the survival curves of the groups determined by the cohort value obtained through the ROC curve in development cohort (J1 group) and in the validation cohort (J2 group), to verify whether there is a significant difference in survival between both groups (high and low risk).

3. For of the 363 patients with clinical stage IV CG evaluated, 80 (22%) patients underwent jejunostomy. You get results jejunostomy not benefit for patients was related with only 22% select jejunostomy, have you compare the difference between with jejunostomy patients and not with jejunostomy patients?

As presented in the introduction and discussion section, jejunostomy is reserved for patients with gastric outlet obstruction when palliative resection is not possible. Indeed, these patients are already recognized for having a limited survival. Compared to other palliative surgical procedures (gastrectomy, bypass, etc.), this group has the worst survival.

Thus, we added to the results the overall survival of other stage IV GC patients compared to those undergoing jejunostomy, and included the survival curve as supplementary material

4. English need further polish.

The manuscript was reviewed and a few sentences and corrections made in the new version submitted.

Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Oncology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

The manuscript was revised according to the reviewer's comments, and the others necessary documents added to the submission.

References:

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5 Chen X-L, Xue L, Wang W, Chen H-N, Zhang W-H, Liu K, Chen X-Z, Yang K, Zhang B, Chen Z-X, Chen J-P, Zhou Z-G, Hu J-K. Prognostic significance of the combination of preoperative hemoglobin, albumin, lymphocyte and platelet in patients with gastric carcinoma: a retrospective cohort study. Oncotarget. 2015: 41370 [PMID: 26497995]. doi:10.18632/oncotarget.5629