Dear Editor,

We would like to thank the reviewers and editor very much for spending valuable time reviewing our article. These suggestions are important for improving the quality of this paper and for future clinical work. We have included point-by-point responses to the comments from the editors and reviewers below, and highlighted all amendments to our manuscript. In addition, we have had the revised manuscript reviewed by an English language editing service.

Furthermore, in the process of submitting a revised manuscript, I typed " The overall average survival of patients with GBC is only 6 months, and the 5-year survival rate is <5%" in the introduction section, however, this sentence is still " The overall average survival of patients with GBC is only 6 mo, and the 5-year survival rate is <5%" in the introduction section of the automatic document, no matter how I modified it. Please note this error caused by the automated manuscript editor.

Reviewer comments

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: Dear authors, Congratulations on coming up with a well-conceived study and a write up. There are a few corrections I have suggested for you to consider. Best wishes.

Response to Reviewer #1:

Thank you for your endorsement and suggestion to publish our article. Your suggestions provided important guidelines for improving the quality of this manuscript. According to your suggestion, we have revised the content of this article.

1. In the "INTRODUCTION" of the article："Low grade tumors of which cancers? Please elaborate".

We have added a description of the relevant cancers. The sentence has been revised to "Studies have pointed out that low-grade tumors in the tongue, breast, and thyroid have a significantly worse prognosis than high-grade tumors in the same locations".

2. In the "DISCUSSION" of the article： "Replace with e"，

According to your suggestion, we revised this to "e.g., 1. Should patients with GBC diagnosed as T1b by pathology undergo radical resection?".

Thank you again for spending your valuable time reviewing our manuscript.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: I commend the authors for the well written study. In brief: Of the 528 patients diagnosed with T1bN0M0 GBC, 346 underwent simple cholecystectomy (SC) (65.5%), 131 underwent SC+LN (24.8%), and 51 underwent radical cholecystectomy (RC) (9.7%). Without considering the pathological grade, both OS (P<0.001) and DSS (P=0.002) of T1b GBC patients who underwent SC alone were significantly lower than that of those who underwent SC+LN or RC. Analysis of T1b GBC according to the pathological classification revealed no significant difference in OS (P=0.734) and DSS (P=0.953) between different types of procedures in patients with grade I T1b GBC. In patients with grade II T1b GBC, obvious survival improvement was observed in the OS (P=0.002) and DSS (P=0.039) of those who underwent SC+LN or RC compared to those who received SC. Among patients with grade III, IV T1b GBC, SC+LN or RC benefited OS (P=0.005) and DSS (P=0.009) far more than SC. The authors have performed a very good job in the conlucion statement of the discussion in integrating the results of the study to daily practice. They suggest frozen section to determine the grade and the stage of the tumor and proceed with the procedure.

Response to Reviewer #2:

Thank you for acknowledging our manuscript and your valuable time spent reviewing it.

Company editor-in-chief comments

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest

highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.

Response to editor-in-chief：

Thank you for your valuable comments.

According to your suggestions, we have made changes to the highlights and tables, and we will provide a PowerPoint file with decomposable Figures

Science editor comments

This study is a good clinical observational study with a large sample size, and the results are instructive.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good).

Response to science editor：

Thank you for acknowledging our manuscript and your valuable time spent reviewing it.

Kind regards,

Jianghua Shao