

Format for ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7841-review.doc).

Title: A Retrospective Analysis of Adjuvant Chemotherapy for Curatively Resected Gastric Cancer

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7841

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

1 Format has been updated

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

Comments To Authors from reviewer 1:

Reviewed by 00533358(2013-12-07 19:03)

This is a retrospective study, comparing curative gastrectomy with limited or standard lymphadenectomy vs curative gastrectomy with limited or standard lymphadenectomy plus adjuvant chemotherapy in LAGC patients. If the english is revised, I believe that is an interesting and well presented retrospective study demonstrating the efficacy and safety of postoperative platinum/fluoropyrimidines.

Answering to Reviewer 1:

An extensive linguistic review has been completed by the American Journal Expert.

Reviewed by 02571987(2013-12-12 00:20)

Comments To Authors:

This is an interesting article about postoperative chemotherapy in gastric cancer. I have some clarifications that I think would improve the article some. What was the selection between those who got chemo, and which one got the different kinds of chemo, sound like this i a major selection bias. And was there difference between early and late period, if so, maybe relative survival instead of overall survival should have been used. It is said in the multivariate analysis that localization was a factor, but what localization? And could that influence the survival difference partly? It is said that extension of lymph node dissection is measured by the number of lymph nodes harvested, but that could also be a matter of tumor biology or the quality of the pathology.

Answering to Reviewer 2:

- (1) What was the selection between those who got chemo, and which one got the different kinds of chemo, sound like this i a major selection bias.

Answering: Yes, as the reviewer has commented, the administration and chemotherapy regimen decision shows a risk of bias. However, all patients were treated under "standardized process in one single center", thus bias was avoided as possible as we could. We have added the description of this process in the part of "Methods". In addition, since guidelines and

prospective study couldn't answer all questions in daily practice, retrospective analysis reflects real clinical practice, we believe that it is the clinical implication of this study.

- (2) was there difference between early and late period, if so, maybe relative survival instead of overall survival should have been used.

Answering: since the patients were treated before 2007, no dramatic progress has been made in the survival of gastric cancer. No difference was observed between early and late period.

- (3) in the multivariate analysis that localization was a factor, but what localization? And could that influence the survival difference partly?

Answering: thanks for the comment. In multivariate analysis, the location of the tumor was related to DFS, not OS. The proximal tumor showed shorter DFS compared with the distal tumor. Limited by the length of the manuscript, we didn't show the data, since it is not the most important and meaningful findings of the study. The location of the tumors balanced well in the two arms (Arm S and Arm A), so the influence on survival is not a concern.

- (4) It is said that extension of lymph node dissection is measured by the number of lymph nodes harvested, but that could also be a matter of tumor biology or the quality of the pathology.

Answering: It is quite true, especially the latter. However, as we have agreed, a retrospective analysis forever reflects the reality if under reasonable statistical analysis and assured data collection. So in real clinical practice, not only in China, it is hard to qualify lymph node dissection unless photos or videos during operation could be provided. The number of the lymph nodes harvested is at least a practical method recommended by NCCN guidelines.

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3 References and typesetting were corrected

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

Sincerely yours,

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