Reviewer#1:
Specific Comments to Authors:

1. Title: As this study is the prognostic role of perigastric tumour deposit, it is suggested to change to “Prognostic significance of perigastric tumour deposits in relation with TNM staging of primary gastric cancer”.
Response: Through analysis, this article concluded that TD is an independent risk factor for poor prognosis in patients with gastric cancer, but more importantly, a new and more comprehensive TNM staging method was proposed according to the different locations of TD. Therefore, we believe that the existing title better reflects the content and results of our study.

2. Abstract: In results section, the sentence “No significant differences were detected between the two groups” is not clear. What significant? This sentence should be modified to be clear.
Response: We intended to show that there was no difference in the composition of men and women between the TD-positive and TD-negative groups. Because it is not clear for readers to understand, we have decided to delete this sentence.

3. Methods: In 1st paragraph, the sentence “TDs were defined as previously reported[13, 14]” … This sentence is no need to be included in “Methods” as it has been stated in the background. In 2nd paragraph, the definition of TDs is no need to be mentioned in the methodology and it should be in the background.
Response: In the Background, the definition of TDs were mainly aimed at colorectal cancer. In order to make it clear to the reader what TD specifically means, we redefine the meaning of TD in gastric cancer in the Method, and divide the locations of TDs into four types based on our definition.

4. Can histological types (Intestinal/Diffuse) be included in clinicopathological characteristics. It is good if the author includes it.
Response: Unfortunately, we also think it would be better to add this content, but the results of Lauren ' s typing were not used in the pathological report of our center.

5. Results: Table 1: Authors analysed relationship between survival and clinicopathological characteristic (age, sex, operation methods, grading and TNM staging) regardless of TDs. It is suggested to analyse the relationship between TDs and clinicopathological characteristic as this study is mainly prognostic significance of TDs.
Response: We first used univariate and multivariate regression analysis to determine that td positivity is an independent risk factor for the prognosis of gastric cancer patients. Then, based on this result, we analyzed the effect of TD on different clinicopathological stages of TNM.

6. Discussion: Generally, TDs are more common with diffuse histological type compared with intestinal type. Authors did not discuss TDs in relation with histopathological types. It should be included in the discussion. In 1st sentence of 3rd paragraph, what does it mean by “clinical physiology of GC”. It should be clinicopathological characteristics. Limitation of the study and

conclusion should be more elaborated. English language need to be edited.

Response: The results of Lauren ' s typing were not used in the pathological report of our center.

The sentence “clinical physiology of GC” was a clearly spelling error, and we have modified it to “clinicopathological characteristics”. We have added more detailed contents in this section. We have re-polished this article.

Reviewer#2:

Specific Comments to Authors:

1. The scientific language needs to be substantially improved because some parts of the manuscript are difficult to read.

Response: The article was re-polished, and the previously incomprehensible parts were revised.

2. No clear definitions. What is the difference between the tumor deposits and the carcinomatosis? How the location of the Tds was allocated? Some kind of diagram or figure is needed.

Response: We have redefined TDs and its locations clearly in the Methods section according to your requirement, and We think it should be easy to understand without the need for pictures after redefining.

3. Not clear methodology - cohort consists of more than 6000 patients, but then some 200-300 patients data is analyzed in TD positive and TD negative groups. Not clear. No chart-flow showing what patients were included in the study. In general, poor adherence to STROBE guidelines for reporting observational study data.

Response: We described the grouping method in the Methods section: 339 were TD-positive of a cohort of 6672 patients, and then we matched the TD-negative cohort using PSM.

4. No discussion of study limitations, such as study performed in Asian population, so the data might not be transferable to North American or European populations.

Response: We have added this section in the discussion.

Reviewer#3:

Specific Comments to Authors:

This article aims to investigate the effect of Perigastric Tumor Deposits on the prognosis of patients with primary gastric cancer. A total of 6672 patients undergoing gastrectomy were included in the study. The study found that patients with perigastric tumor deposits had a worse prognosis. The differences between TD-positive and TD-negative patients were analyzed using binary logistic regression modeling. The Kaplan-Meier method was used to plot survival curves. This study improved the TNM staging scheme, which is of great significance to clinical diagnosis and treatment.

Response: Appreciate for your review.