

Dear Reviewer 1,

Thank you for your review and comments! It is greatly appreciated. We have meticulously re-examined the language employed in our manuscript and have made necessary revisions to ensure its accuracy and clarity.

Dear Reviewer 2,

Thank you for your review and comments! We appreciate the constructive feedback provided and have taken it into careful consideration. Initially, PET/MRI scans were not included in our study as they are not commonly utilized in the detection of peritoneal metastases in gastric cancer. However, we have since decided to incorporate studies that evaluate the effectiveness of PET/MRI scans into our introduction and discussion, along with some deliberation on the types of radiotracers employed. Additionally, we have included the valuable use of ultrasound in T stage evaluation of lesions in our introduction, along with a discussion on the limitations of ultrasound with regards to acoustic impedance.

Dear Reviewer 3,

Thank you for your review and comments! Your feedback has been instrumental in enhancing the quality of our paper. In response, we have made revisions to emphasize on the clinical significance of our study, which aims to evaluate non-invasive alternatives to staging laparoscopy for gastric cancer patients. The potential benefits of such a diagnostic modality include improved patient management and safety outcomes, particularly for those who are at higher risk for general anaesthesia and surgery. This is particularly relevant given the increasing proportion of elderly patients with gastric cancer. The availability of a reliable and non-invasive diagnostic tool would be of great benefit to patients who may not be suitable candidates for staging laparoscopy.

Despite the challenges posed by heterogeneity in the included studies, we have endeavoured to draw reasonable conclusions from the available data. It is important to note that this limitation is not unique to our study but is one of the most common issues faced by systematic reviews across different institutions and regions. Overall, we believe that our findings provide valuable insights into the potential of non-invasive alternatives to staging laparoscopy in the management of gastric cancer patients. We hope that our study will inspire further research in this area and contribute to improving patient outcomes.