

Reviewer 1

In this paper, the authors focused on investigating the clinical efficacy and safety of exploratory laparotomy + radical gastrectomy and exploratory laparotomy + palliative surgery in patients with gastric cancer (GC) combined with acute upper gastrointestinal bleeding (UGIB). To showcase the difference of the above-mentioned two groups, the authors compared various indexes between the two groups, including the operation time, intraoperative blood transfusion volume, postoperative anus exhaust time, off-bed activity time, hospitalization duration time et al. These data showed that laparotomy + radical gastrectomy for patients with GC can improve the surgical efficacy, enhance immune function, reduce the levels of tumor markers and inflammatory factors, prolong the survival time of patients and improve their quality of life, and reduce the tumor recurrence rate, with controllable safety. Based on these, this study is effective, and the objects and methods can well derive the conclusion of this paper. Only several minor problems arise in this paper: 1. In this article, the authors divided 89 patients into experimental and control groups. However, in my opinion, all these patients are experiment objects, and there is no control experiment in this study. So, I suggest to change the names of two groups. 2. In the "Inclusion and exclusion criteria" part, UGIB should be included in inclusion criteria. 3. There is an obvious descriptive error in the conclusion part: compared with exploratory laparotomy + palliative surgery, exploratory laparotomy + radical gastrectomy could shorten the postoperative hospitalization duration time. From the data of this paper, we cannot come to such a conclusion.

1. Response: Thanks for your suggestion, we have revised it in the manuscript. In this study, we will refer to palliative treatment as the palliative group, and radical gastrectomy combined with exploratory laparotomy as the radical resection group.

2. Response: Thanks for your advice, we have added this section to the manuscript.

3. Response: Thanks for your suggestion. There was no statistically significant difference in postoperative hospitalization time between the two groups of patients who underwent palliative surgery and exploratory laparotomy+radical gastrectomy. We have already made revisions to the manuscript.

Reviewer 2

Gastric cancer (GC) is one of the most common malignant tumors worldwide and the fourth leading cause of cancer-related death. To deal with this disease, Kuang and the colleagues evaluated the clinical efficacy and safety of emergency exploratory laparotomy and radical gastrectomy in patients with GC combined with acute UGIB. After evaluating the operation time, postoperative hospitalization duration time, blood loss, anus exhaust time, off-bed activity time, inpatient activity time, postoperative immune function indicators, inflammatory factors and postoperative quality of life, Kuang et al., found that compared with exploratory laparotomy + palliative surgery, exploratory laparotomy + radical gastrectomy could improve immune function and reduce the levels of tumor markers and inflammatory factors, improve the efficacy of surgery, promote the recovery of quality of life and improve the survival rate, and reduce the probability of tumor recurrence. In general, the topic of this manuscript is interesting and instructive. The authors have organized the manuscript well, with good methodologies and conclusions. However, some minor revisions need to be performed before publishing: 1) The Abstract of the paper is too long, leading to poor reading experience, which should be simplified. 2) There is a contradiction in this paper: the Results showed that there was no difference in the postoperative hospitalization duration time between the two surgical procedures, but the Conclusion claimed Compared with exploratory laparotomy + palliative surgery, exploratory laparotomy +

radical gastrectomy could shorten the postoperative hospitalization duration time. 3) The contents in Table 3 to Table 7 should be optimized. Interchanging the horizontal and vertical titles may make it more comprehensible for the readers. 4) Some grammar problems should be addressed in this paper. For example, Part 1.4.6 “The patients' disease recovery conditions was generally informed and followed up”, was should be were. Part 2.1 and 2.2 “It was find that” should be it was found that. Part 2.6 “which were more higher than those in laparotomy + palliative surgery group”, more should be deleted.

1. Response: Thanks for your suggestion, we have already streamlined the abstract section of the manuscript.
2. Response: There was no statistically significant difference in postoperative hospitalization time between the two groups of patients who underwent palliative surgery and exploratory laparotomy + radical gastrectomy. We have already made revisions to the manuscript.
3. Response: Thanks for your suggestion, we have optimized the format of tables.
4. Response: Thanks for your suggestion, we have asked the professionals to polish the manuscript.