

Dear Editors and Reviewers:

Thank you for your letter and for the reviewer's comments concerning our manuscript entitled "Association between the Khorana Risk Score and all-cause mortality in Japanese patients with gastric and colorectal cancer: a retrospective cohort study" (Manuscript NO: 86388). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. And highlighted the revised/added contents with yellow color in the revised manuscript. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1.Response to comment: I think the study could be more interesting if KRS would be tested in gastric and colorectal cancer patients separately, since the deep difference in thrombosis incidence in these two groups.

Response: As depicted in Figure 2, we have detected and analyzed KRS in the subgroups of gastric cancer and colorectal cancer respectively, and the conclusions are consistent, suggesting that KRS is an independent risk factor. However, due to the limitation of sample size, only a combined analysis was performed in our study.

Reviewer #2:

1.Response to comment: Zhang et al. investigated the association between the KRS and mortality with gastric and CRC in event-history analysis using Cox hazard model. They concluded that the higher the KRS, the higher the risk of early death, but the relevance of this independent prediction diminishes with longer survival. This article is well written, however, there are some concerns for this article. Major 1. The discussion is too long. I think it is better to delete the following sentences. P11. , which provides a good guide for future prospective studies P15. The clinical values of this study are as follows: (1) To the best of our knowledge, the first independent

correlation and time sensitivity between KRS and all-cause mortality was observed in Japanese patients with stomach and colorectal cancer.; (2) It may guide the follow-up time issue in relevant prospective studies and improve the economic efficacy; (3) It will be helpful for health care professionals working in the clinic to give stratified management of cancer patients in a specific time period and to establish a time-efficient management concept, i.e., the earlier the intervention for blood picture and BMI, the higher the survival benefit is likely to be; (4) The results of this study will contribute to additional research on what survival benefits this intervention provides to patients with stomach and colorectal cancer, as well as the development of future all-cause mortality prediction models. 2. Due to the leap in interpretation of the results, please delete the following sentence from the conclusion. P16. A concept of time-sensitive management needs to be established for clinicians and community workers as well, i.e., the earlier the stratified intervention for patients with intermediate/high KRS, the more likely long-term survival benefit will be achieved. 3. Due to the leap in interpretation of the results, please delete the following sentence from the abstract. The concept of time-sensitive management needs to be established for clinicians and community workers as well, i.e., the earlier the stratified intervention for patients with intermediate/high KRS, the more likely long-term survival benefit will be achieved. 4. Please delete the following key word. Time-sensitive Minor P8. Miss spelling; Univariate analysis

Response: As Reviewer suggested that the corresponding section has been deleted.

(a).P11, ", which provides a good guide for future prospective studies " was deleted.

(b).P15, "The clinical values of this study are as follows: (1) To the best of our knowledge, the first independent correlation and time sensitivity between KRS and all-cause mortality was observed in Japanese patients with stomach and colorectal cancer.; (2) It may guide the follow-up time issue in relevant prospective studies and improve the economic efficacy; (3) It will be helpful for health care professionals working in the clinic to give stratified management of cancer patients in a specific time period and to establish a time-efficient management concept, i.e., the earlier the

intervention for blood picture and BMI, the higher the survival benefit is likely to be;
(4) The results of this study will contribute to additional research on what survival benefits this intervention provides to patients with stomach and colorectal cancer, as well as the development of future all-cause mortality prediction models. " was deleted.

(c).Conclusion P16, "A concept of time-sensitive management needs to be established for clinicians and community workers as well, i.e., the earlier the stratified intervention for patients with intermediate/high KRS, the more likely long-term survival benefit will be achieved. " was deleted.

(d).Abstract, "The concept of time-sensitive management needs to be established for clinicians and community workers as well, i.e., the earlier the stratified intervention for patients with intermediate/high KRS, the more likely long-term survival benefit will be achieved. " was deleted.

(e).key word, "Time-sensitive " was deleted.

(d).Minor P8, the statements of "Univariate analysis" were corrected as "Univariate analysis" .

Thank you very much for your good comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in yellow in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.