

Reviewer #1:

1. The abbreviations were adjusted and not randomly used anymore.
2. Confirmed, there is no misspelled or missing words.

Reviewer #2:

1. English editing certificate has been provided.
2. The use of the laparoscopic gastrectomy has been mentioned as suggested by the reviewer. To date, there are no evidence (randomized studies) to explore the role of this technique in combination to other therapies, but the only comparison to the radical gastrectomy has been reported. Therefore, the laparoscopic technique has been briefly mentioned due to the lack of data, as the aim of the review is to report evidence through randomized and prospective studies that discuss the role of the radiation therapy and not a surgical review.
3. The timing of the surgery was added for the randomized trials. Also, a statement has been added in the chapter "*Preoperative therapy*" to indicate the appropriate timing: "According to the results of the randomized trials, surgery should be performed after 3-6 weeks from the last day of the preoperative therapy".
4. The aim of the current review is to explore the role of the radiation therapy in the definitive setting and in a multidisciplinary point of view. The recurrence after the definitive therapy is a wide and complicated topic and should be discussed extensively on a separated review or minireview.

Reviewer #3:

1. English editing certificate has been provided.

Reviewer #4:

1. This review discuss the role of radiation therapy in the multidisciplinary approach of gastric cancer. Therefor the local control and survival are the principal topic. Radiation techniques are very important to improve safety and toxicity rates, but this topic should be extensively described in a separate review or minireview. The discussion in out review of the radiation technique developments is not in accordance to current the topic and to the aim. Moreover, this regard only a limited audience of radiation oncologist.
2. The full manuscript for the CRITICS trial added in the text and in Table 1 as suggested by the reviewer.
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3. The statement "high incidence of toxicities is also likely accounted for by the older high dose bolus schedule of 5-FU that was implemented and no longer recommended in treatment guidelines such as NCCN" was added as suggested by the reviewer.

4. The statement on page 9 was corrected as follows “The use of dose attenuated DCF regimen employed by Liu et al., less aggressive when compared to the standard DCF and other CT regimens, and the use of a single agent docetaxel as radiosensitizer combined to IMRT could explain the relatively low rate of severe toxicity, when compared to the traditional results of the old randomized data”, also as suggested by reviewer.

5. The following statement was added on page 10 “In addition, the ARTIST II trial appears to be using S-1 as the concurrent chemotherapy agent during radiation” As suggested by the reviewer.

- All the modified parts has been highlighted in the text.