

1. The tumor stage T2 refers to the invasion of the tumor to the muscularis propria. How to determined the definition of 2 cases of advanced T2 gastric cancer in this paper (including lymphatic metastasis and distant metastasis or not)?

We observed the morphological features preoperatively by endoscopic white light images and ME-NBI. We clinically analyzed the diagnosis by combining ultrasound gastroscopy, CT examination of the chest and abdomen, and CEA examination. So the clinical diagnosis in both cases was T2 gastric cancer without lymph node and other organ metastasis.

2. How to determined lymphatic metastasis before operation?

Complete chest and abdominal CT examinations.

3. How to confirm that all metastatic lymph nodes had been cleared during operation?

Radical laparoscopic resection of regional lymph nodes by surgeons, as after surgical removal of the stomach.

4. What indicators were used to determine good quality of life during follow-up?

Their postoperative quality of life was good, with no significant gastrointestinal symptoms, retaining a normal diet and weight.

5. Only upper abdominal CT (including enhanced CT scan or not) was reviewed after about 4 years of follow-up, the tumor recurrence and systemic metastasis could not be comprehensively evaluated.

Follow-up examinations include: chest and abdominal CT, gastroscopy, CEA test.

6. When analyzing the advantages of this surgical treatment, the case did not fully compare with the traditional surgical treatment.

Compared with traditional surgery, NCELS for T2 gastric cancer achieved complete resection of the lesion, thorough clearing of the lymph nodes, and preservation of the anatomical structure and physiological function of the stomach. It has the advantages of less trauma, fewer complications, lower cost, and better postoperative quality of life.