

Dear Editor and Reviewers:

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript (Manuscript NO.: 78895, Retrospective Study). We appreciate editor and reviewers very much for their positive and constructive comments on our manuscript. To address the critiques of the reviewers, we revised our manuscript according to their comments. Attached please find the revised version, which we would like to submit for your kind consideration. We would like to express our great appreciation to you and reviewers for comments on our manuscript.

Looking forward to hearing from you. Thank you and best regards.

Yours sincerely

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**Reply to Reviewer 1:**

Thank you for taking the time to review and validate our manuscript. Thank you very much for your recognition of our study. We have carefully revised according to your opinion, and now the replies are as follows:

1. The retrospective nature of this work definitively downsizes the importance of an extensive LN harvesting in radical treatment of GC; nevertheless I think the correlation between T stage and number of metastatic nodes is an interesting aspect that suggests further studies in the future. Some observations: - Typing error in discussion: (laparoscopic: 24 vs laparoscopic:

26) and stage... GC in the next page - Tables 3 and 4 are quite confused: too many little numbers.

**Response:** Thank you for your valuable suggestion. We have corrected errors in the discussion and re-edited Tables 3 and 4.

**Reply to Reviewer 2:**

Thank you for your hard work and valuable comments. Your valuable comments has important guiding significance for our research. We have revised the manuscript based on these comments. Hope to get your approval.

1. The authors provided the recommendation regarding the number of RLNs in each pT stage in the Conclusion. However, I think it's difficult to control the number of RLNs while systematic D2/D2+ LNs dissection is performed. I can't understand how to apply this conclusion in clinical practice.

**Response:** Thank you for your valuable suggestion. Your suggestion is crucial to improving the quality of our study. As you mentioned, it is difficult to control the number of RLNs when performing systematic dissection of D2/D2+ LNs. Although surgeons have performed canonical systematically dissecting D2/D2+ LNs. Nevertheless, RLNs are affected by various factors, such as the patient's fat content and the number of congenital LNs. These factors lead to differences in RLNs even among patients at the same stage. The significance of our study is that, after the surgeon has performed sufficient systematically dissecting D2/D2+ LNs, the full cooperation of the pathologist is required to detect as many lymph nodes as possible, so as to reduce the phenomenon of staging migration and achieve accurate staging as much as possible. In addition, we provide the optimal number of RLNs at different pT stages. If the number of RLNs in patients falls below these ranges, special attention should be paid to the long-term prognosis of such patients, and more aggressive treatment regimens should be given to improve the

prognosis. We have also modified the discussion appropriately.

2. Histology and additional treatment such as chemotherapy can influence the prognosis. That information should be provided.

**Response:** Thank you for your suggestion. We have added histological type and chemotherapy information, and modified the results.

3. Please insert “gastric cancer” in the title.

**Response:** Your warm comment is mean a lot for us. We have revised the title and inserted gastric cancer.

4. (Abstract) Please provide an unabbreviated word of GC in BACKGROUND.

**Response:** Thank you for your valuable suggestion. We provide unabbreviated GC in the background.

5. The authors stated that for patients with pT1, pT2 and pT4 stage cancers, adding RLNs prolonged the 5-year survival rate of patients. However, it seems that it's not true in patients with pT4 patients in Table 2.

**Response:** Thank you for your suggestion. Your suggestion can add highlights to our article. we found that the survival rate of patients with RLNs  $\geq 55$  was lower than that of RLNs  $\leq 55$ . Since only 77 patients had RLNs  $\leq 55$ , we think it may be due to the small sample size, which also needs to be expanded for verification. Nonetheless, the survival curve with significantly increased RLNs significantly improved prognosis and was well validated in SEER, which also suggested that increased RLNs could help improve the prognosis of patients with pT4 stage. We have also modified the discussion appropriately.

6. (P16L2) Please provide an unabbreviated word of DFS. 5. (P16L4-5) "Laparoscopic" is duplicated.

**Response:** Thank you for your suggestion. We provided the full name of DFS and modified (laparoscopic: 24 vs laparoscopic: 26) to (laparotomy: 24 vs laparoscopic: 26).

7. The conclusion is duplicated. I think they are put together in the conclusions section.

**Response:** Thank you for your valuable suggestion. Your suggestion is crucial to improving the quality of our study. We removed the duplicate section and put together in the conclusions section.

We have carefully revised according to your suggestions, thank you again for your review.