

Editor points:

Please provide a certificate letter from a professional English language editing company.

For manuscripts submitted by non-native speakers of English, please provide a language certificate from one of the professional English language editing companies mentioned in **“The Revision Policies of BPG for Article.”**

We provide a letter from the editing service of our Center. The manuscript was edited by Isabel Gregoire a Native speaker. In addition Valeria Basso is Irish and native speaker.

Reply to reviewer :

**Reviewer’s code:** 02753368

#### **SPECIFIC COMMENTS TO AUTHORS**

In this monocentric retrospective study, the authors analyzed the outcome of 33 patients treated with neoadjuvant/perioperative TeFOX chemotherapy +/- trastuzumab and surgery in the treatment of localized gastric or GEJ cancer. After a median follow-up of 32 months, authors found 91 R0 resection after neoadjuvant TeFOX chemotherapy +/- trastuzumab This is an original and interesting study. The manuscript is well written, but there are some typing errors in the text: \*In the Abstract section, Methods paragraph - "F5U" instead of "5FU" \*In Page 7, line 3: the end of the sentence "...3 or 4 complications versus 1 with 22 (4%) in patients. " is lacking:

We make the appropriate corrections.

I have some comments and questions about the manuscript: **\*Patient characteristics section: Authors should describe the types of surgical procedure that have been performed (total gastrectomy, partial gastrectomy, Lewis-Santy)**

We add this information in the table.

**\*Results section -Patient characteristics paragraph** Authors reported patients received 5 cycles of neoadjuvant chemotherapy [2-8]: How was determined the number of chemotherapy cycles administered?

The number of cycles proposed was 6 before and after surgery. Less number of cycle were administrated in case of side effect upon decision of the physician. We add this information in method part.

**How many cycles of adjuvant chemotherapy were delivered (Mean and range) ?**

We add this information

**-Safety paragraph** Authors reported high incidence of grade 3+ neuropathy (21%) in the abstract section: Authors should report the incidence of grade 3+ neuropathy in the text.

We add this information

**They should also discuss the high incidence of G3+ neuropathy observed in their study in comparison with FLOT chemotherapy (21% vs 7%) (Al Batran, Lancet 2019; 393: 1948-57) -**

We could suspect that higher number of cycle of chemotherapy may explain this difference. We add this information in the manuscript

**Efficacy paragraph** Authors should report in this section and in table 4, the ypTN stage, the number of positive lymph nodes and the positive lymph node ratio.

We add these informations in the table.

**That was the 2-year OS and PFS ? \***

We add this information in the text.

**Reference section** Authors should add the full paper reference of the FLOT study: Al Batran SE, Lancet 2019; 393: 1948-57

We add this reference

**Weakness of the study** A propensity case-matched study with patients treated in their institution without taxane-based chemotherapy would have been appreciated.

This is a retrospective none comparative study. Since 2013 all patients received taxane regimen so the period effect may flaw the result. So we do not perform this analysis

**Reviewer's code:** 03656272

The study tried to test the efficacy of TeFOX. The study can provide important data to literature. My recommendations are below. I

**Introduction: The word prognostic should be used as "prognosis".**

We make the correction.

**For 4th and 5th paragraphs, you should add references for prognostic data. Add a reference for "Such HER2 overexpressing tumour represents around 20% of gastric cancers"**

We add the appropriate reference

**The FLOT is a perioperative regimen, you should use "perioperative" instead of neoadjuvant.**

We make the correction.

**In addition, you should give brief data for the efficacy of TeFOX in metastatic setting and also discuss the rationale for using Tefox at the perioperative setting. IS it more feasible or less toxic when compared to FOLFOX or FLOT?**

We add such rational in the introduction.

**Patients/Methods: Some spelling errors should be corrected.**

We make the appropriate correction

**How did you give prophylactic GCSF? Dosage and timing?**

We add this information in the method part

**How about planned cycles of TeFOX? How many cycles perioperatively? You should discuss it in treatment section**

We add a comment in the method part.

**Results: Give a range after median age. You can give survival rate at 1-2-3 years.**

We add the information of 2 years OS and PFS

**How about the results of Her-2 positive ones?**

We add this information in the result part.

**You should test statistically to find a specific group that is more suitable for this regimen.(getting more regression, or more OS)**

As mentioned in the manuscript no difference of efficacy was observed in all tested subgroups

**Discussion: In addition, you should add a last paragraph as a conclusion**

We add a conclusion