

## 1 MANUSCRIPT REVISION DEADLINE

We request that you submit your revision in no more than **14 days**. **Please note that you have only two chances for revising the manuscript.**

**Response:** Thank you, we are submitting the revised version of our manuscript within the set timeframe.

## 2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.

**Response:** Thank you, we have carefully revised our manuscript.

## 3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

**Response:** Authors are thankful to the Editors and the Reviewer for their careful reading of our manuscript and helpful comments which have helped us improve our manuscript.

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Response:** We are grateful to the Reviewer for their time and effort in reviewing our manuscript. We have revised our manuscript according to the comments and English language of the manuscript was polished.

**Specific Comments to Authors:** This study summarized the latest epidemiology of stomach cancer 1 Title. Clear. 2 Abstract. The abstract summarized and reflect the work described in the manuscript. 3 Keywords. It is OK. 4 Introduction. The manuscript adequately describes the background and present status of the study. 5 Methods. It is OK. It would be better if the jointpoint regression was conducted to depict the quantitative temporal trend, such as PMID:

34118528, PMID: 33758609. 6 Results and Discussion. The study comprehensively summarized and discussed that the incidence, mortality, temporal trends during past decades, survival, risk factors, and potential control strategies of stomach cancer. Because this study focuses on the epidemiology of stomach cancer, the prediction information for gastric cancer would be valuable (such as, PMID: 33744306; PMID: 33707924; PMID: 27605887). 7 Illustrations and tables. It is appropriate 8 Biostatistics. It is appropriate 9 Units. It is OK. 10 References. Some new references on the epidemiology of stomach cancer need to be updated. 11 Quality of manuscript organization and presentation. It is OK. 12 Research methods and reporting. It is OK. 13 Ethics statements. The manuscript meets the requirements of ethics. 14. Minor error The word “enviromental factors” on page 9 should be “environmental factors”. The word “aproximatelly” on page 11 should be “approximately”. I can not understand the word “half of the XX century” on page 18. The word “withouth” on page 26 should be “without”.

**Response:** We would like to thank the Reviewer for these comments and very useful suggestions.

Response by points:

1 Title. Clear. Response 1: Thank you.

2 Abstract. The abstract summarized and reflect the work described in the manuscript. Response 2: Thank you.

3 Keywords. It is OK. Response 3: Thank you.

4 Introduction. The manuscript adequately describes the background and present status of the study. Response 4: Thank you.

5 Methods. It is OK. It would be better if the jointpoint regression was conducted to depict the quantitative temporal trend, such as PMID: 34118528, PMID: 33758609. Response 5: Thank you for this comment. We very much appreciate this comment, however unfortunately in this invited manuscript which was approved as “Review” type of article, introducing the jointpoint regression analysis in this paper would consequently lead to the change in the type of approved manuscript type, that is – “Observational study” which in turn is completely different from “Review” in every aspect, from the aim of paper, methodology, manuscript formatting, template etc.

We have authored and published numerous papers in which we have used the jointpoint regression analysis, for example:

- Ilic M, Ilic I. Suicide in Serbia. J Affect Disord. 2016 Mar 15;193:187-93. doi: 10.1016/j.jad.2015.12.063. PMID: 26773920.
- Ilic M, Ilic I. Gender disparities in mortality from infectious diseases in Serbia, 1991-2014: a time of civil wars and global crisis. Epidemiol Infect. 2016 Sep;144(12):2473-84. doi: 10.1017/S0950268816001345. PMID: 27483375.

- Ilic M, Ilic I. Diabetes mortality in Serbia, 1991-2015 (a nationwide study): A joinpoint regression analysis. *Prim Care Diabetes*. 2017 Feb;11(1):78-85. doi: 10.1016/j.pcd.2016.08.019. PMID: 27651320.
- Ilic I, Ilic M, Sipetic Grujicic S. Trends in cerebrovascular diseases mortality in Serbia, 1997-2016: a nationwide descriptive study. *BMJ Open*. 2019 Feb 19;9(2):e024417. doi: 10.1136/bmjopen-2018-024417. PMID: 30782903; PMCID: PMC6398636.
- Ilic M, Ilic I. Prostate cancer mortality in Serbia, 1991-2010: a joinpoint regression analysis. *J Public Health (Oxf)*. 2016 Jun;38(2):e63-7. doi: 10.1093/pubmed/fdv064. PMID: 25994152.
- Ilić M, Vlajinac H, Marinković J, Kocev N. Pancreatic cancer mortality in Serbia from 1991-2010 - a joinpoint analysis. *Croat Med J*. 2013 Aug;54(4):369-75. doi: 10.3325/cmj.2013.54.369. PMID: 23986278; PMCID: PMC3760661.
- Ilic M, Ilic I. Colorectal cancer mortality trends in Serbia during 1991-2010: an age-period-cohort analysis and a joinpoint regression analysis. *Chin J Cancer*. 2016 Jun 22;35(1):55. doi: 10.1186/s40880-016-0118-y. PMID: 27333993; PMCID: PMC4918103.
- Ilic M, Vlajinac H, Marinkovic J, Vasiljevic S. Joinpoint regression analysis of female breast cancer mortality in Serbia 1991-2010. *Women Health*. 2013;53(5):439-50. doi: 10.1080/03630242.2013.806388. PMID: 23879456.
- Ilic M, Ilic I. Cancer mortality in Serbia, 1991-2015: an age-period-cohort and joinpoint regression analysis. *Cancer Commun (Lond)*. 2018 Apr 10;38(1):10. doi: 10.1186/s40880-018-0282-3. PMID: 29764495; PMCID: PMC5993142.
- Ilic I, Sipetic Grujicic S, Grujicic J, Radovanovic D, Zivanovic Macuzic I, Kocic S, Ilic M. Long-Term Trend of Liver Cancer Mortality in Serbia, 1991-2015: An Age-Period-Cohort and Joinpoint Regression Analysis. *Healthcare (Basel)*. 2020 Aug 21;8(3):283. doi: 10.3390/healthcare8030283. PMID: 32825549; PMCID: PMC7551841.
- Etc...

Also, I am the collaborator in GLOBAL BURDEN OF DISEASE manuscripts regarding stomach cancer:

- Global Burden of Disease Cancer Collaboration, Fitzmaurice C, Abate D, Abbasi N, Abbastabar H, Abd-Allah F, Abdel-Rahman O, Abdelalim A, Abdoli A, Abdollahpour I, Abdulle ASM, Abebe ND, Abraha HN, Abu-Raddad LJ, Abualhasan A, Adedeji IA, Advani SM, Afarideh M, Afshari M, Aghaali M, Agius D, Agrawal S, Ahmadi A, Ahmadian E, Ahmadpour E, Ahmed MB, Akbari ME, Akinyemiju T, Al-Aly Z, AlAbdulKader AM, Alahdab F, Alam T, Alamene GM, Alemnew BTT, Alene KA, Alinia C, Alipour V, Aljunid SM, Bakeshei FA, Almadi MAH, Almasi-Hashiani A, Alsharif U, Alsowaidi S, Alvis-Guzman N, Amini E, Amini S, Amoako YA, Anbari Z, Anber NH,

Andrei CL, Anjomshoa M, Ansari F, Ansariadi A, Appiah SCY, Arab-Zozani M, Arabloo J, Arefi Z, Aremu O, Areri HA, Artaman A, Asayesh H, Asfaw ET, Ashagre AF, Assadi R, Ataeinia B, Atalay HT, Ataro Z, Atique S, Ausloos M, Avila-Burgos L, Avokpaho EFGA, Awasthi A, Awoke N, Ayala Quintanilla BP, Ayanore MA, Ayele HT, Babae E, Bacha U, Badawi A, Bagherzadeh M, Bagli E, Balakrishnan S, Balouchi A, Bärnighausen TW, Battista RJ, Behzadifar M, Behzadifar M, Bekele BB, Belay YB, Belayneh YM, Berfield KKS, Berhane A, Bernabe E, Beuran M, Bhakta N, Bhattacharyya K, Biadgo B, Bijani A, Bin Sayeed MS, Birungi C, Bisignano C, Bitew H, Bjørge T, Bleyer A, Bogale KA, Bojia HA, Borzi AM, Bosetti C, Bou-Orm IR, Brenner H, Brewer JD, Briko AN, Briko NI, Bustamante-Teixeira MT, Butt ZA, Carreras G, Carrero JJ, Carvalho F, Castro C, Castro F, Catalá-López F, Cerin E, Chaiah Y, Chanie WF, Chattu VK, Chaturvedi P, Chauhan NS, Chehrazi M, Chiang PP, Chichiabellu TY, Chido-Amajuoyi OG, Chimed-Ochir O, Choi JJ, Christopher DJ, Chu DT, Constantin MM, Costa VM, Crocetti E, Crowe CS, Curado MP, Dahlawi SMA, Damiani G, Darwish AH, Daryani A, das Neves J, Demeke FM, Demis AB, Demissie BW, Demoz GT, Denova-Gutiérrez E, Derakhshani A, Deribe KS, Desai R, Desalegn BB, Desta M, Dey S, Dharmaratne SD, Dhimal M, Diaz D, Dinberu MTT, Djalalinia S, Doku DT, Drake TM, Dubey M, Dubljanin E, Duken EE, Ebrahimi H, Effiong A, Eftekhari A, El Sayed I, Zaki MES, El-Jaafary SI, El-Khatib Z, Elemineh DA, Elkout H, Ellenbogen RG, Elsharkawy A, Emamian MH, Endalew DA, Endries AY, Eshrati B, Fadhil I, Fallah Omrani V, Faramarzi M, Farhangi MA, Farioli A, Farzadfar F, Fentahun N, Fernandes E, Feyissa GT, Filip I, Fischer F, Fisher JL, Force LM, Foroutan M, Freitas M, Fukumoto T, Futran ND, Gallus S, Gankpe FG, Gayesa RT, Gebrehiwot TT, Gebremeskel GG, Gedefaw GA, Gelaw BK, Geta B, Getachew S, Gezae KE, Ghafourifard M, Ghajar A, Ghashghaee A, Gholamian A, Gill PS, Ginindza TTG, Girmay A, Gizaw M, Gomez RS, Gopalani SV, Gorini G, Goulart BNG, Grada A, Ribeiro Guerra M, Guimaraes ALS, Gupta PC, Gupta R, Hadkhale K, Haj-Mirzaian A, Haj-Mirzaian A, Hamadeh RR, Hamidi S, Hanfore LK, Haro JM, Hasankhani M, Hasanzadeh A, Hassen HY, Hay RJ, Hay SI, Henok A, Henry NJ, Herteliu C, Hidru HD, Hoang CL, Hole MK, Hoogar P, Horita N, Hosgood HD, Hosseini M, Hosseinzadeh M, Hostiuc M, Hostiuc S, Househ M, Hussen MM, Ileanu B, **Ilic MD**, Innos K, Irvani SSN, Iseh KR, Islam SMS, Islami F, Jafari Balalami N, Jafarinia M, Jahangiry L, Jahani MA, Jahanmehr N, Jakovljevic M, James SL, Javanbakht M, Jayaraman S, Jee SH, Jenabi E, Jha RP, Jonas JB, Jonnagaddala J, Joo T, Jungari SB, Jürisson M, Kabir A, Kamangar F, Karch A, Karimi N, Karimian A, Kasaeian A, Kasahun GG, Kassa B, Kassa TD, Kassaw MW, Kaul A, Keiyoro PN, Kelbore AG, Kerbo AA, Khader YS, Khalilarjmandi M, Khan EA, Khan G, Khang YH, Khatab K, Khater A, Khayamzadeh M, Khazae-Pool M, Khazaei S, Khoja AT, Khosravi MH, Khubchandani J, Kianipour N, Kim D, Kim YJ, Kisa A, Kisa S, Kissimova-Skarbek K, Komaki H, Koyanagi A, Krohn KJ, Bicer BK, Kugbey N, Kumar V, Kuupiel D, La Vecchia C, Lad DP, Lake EA, Lakew AM, Lal DK, Lami FH, Lan Q, Lasrado S, Lauriola P, Lazarus JV, Leigh J, Leshargie CT, Liao Y, Limenih MA, Listl S, Lopez AD, Lopukhov PD, Lunevicius R, Madadin M, Magdeldin S, El Razek HMA, Majeed A, Maleki A, Malekzadeh R, Manafi A, Manafi N, Manamo WA, Mansourian M, Mansournia MA, Mantovani LG, Maroufizadeh S, Martini SMS, Mashamba-Thompson TP, Massenburg BB,

Maswabi MT, Mathur MR, McAlinden C, McKee M, Meheretu HAA, Mehrotra R, Mehta V, Meier T, Melaku YA, Meles GG, Meles HG, Melese A, Melku M, Memiah PTN, Mendoza W, Menezes RG, Merat S, Meretoja TJ, Mestrovic T, Miazgowski B, Miazgowski T, Mihretie KMM, Miller TR, Mills EJ, Mir SM, Mirzaei H, Mirzaei HR, Mishra R, Moazen B, Mohammad DK, Mohammad KA, Mohammad Y, Darwesh AM, Mohammadbeigi A, Mohammadi H, Mohammadi M, Mohammadian M, Mohammadian-Hafshejani A, Mohammadoo-Khorasani M, Mohammadpourhodki R, Mohammed AS, Mohammed JA, Mohammed S, Mohebi F, Mokdad AH, Monasta L, Moodley Y, Moosazadeh M, Moossavi M, Moradi G, Moradi-Joo M, Moradi-Lakeh M, Moradpour F, Morawska L, Morgado-da-Costa J, Morisaki N, Morrison SD, Mosapour A, Mousavi SM, Muche AA, Muhammed OSS, Musa J, Nabhan AF, Naderi M, Nagarajan AJ, Nagel G, Nahvijou A, Naik G, Najafi F, Naldi L, Nam HS, Nasiri N, Nazari J, Negoï I, Neupane S, Newcomb PA, Nggada HA, Ngunjiri JW, Nguyen CT, Nikniaz L, Ningrum DNA, Nirayo YL, Nixon MR, Nnaji CA, Nojomi M, Nosratnejad S, Shiadeh MN, Obsa MS, Ofori-Asenso R, Ogbo FA, Oh IH, Olagunju AT, Olagunju TO, Oluwasanu MM, Omonisi AE, Onwujekwe OE, Oommen AM, Oren E, Ortega-Altamirano DDV, Ota E, Otstavnov SS, Owolabi MO, P A M, Padubidri JR, Pakhale S, Pakpour AH, Pana A, Park EK, Parsian H, Pashaei T, Patel S, Patil ST, Pennini A, Pereira DM, Piccinelli C, Pillay JD, Pirestani M, Pishgar F, Postma MJ, Pourjafar H, Pourmalek F, Pourshams A, Prakash S, Prasad N, Qorbani M, Rabiee M, Rabiee N, Radfar A, Rafiei A, Rahim F, Rahimi M, Rahman MA, Rajati F, Rana SM, Raoofi S, Rath GK, Rawaf DL, Rawaf S, Reiner RC, Renzaho AMN, Rezaei N, Rezapour A, Ribeiro AI, Ribeiro D, Ronfani L, Roro EM, Roshandel G, Rostami A, Saad RS, Sabbagh P, Sabour S, Saddik B, Safiri S, Sahebkar A, Salahshoor MR, Salehi F, Salem H, Salem MR, Salimzadeh H, Salomon JA, Samy AM, Sanabria J, Santric Milicevic MM, Sartorius B, Sarveazad A, Sathian B, Satpathy M, Savic M, Sawhney M, Sayyah M, Schneider IJC, Schöttker B, Sekerija M, Sepanlou SG, Sephehrimanesh M, Seyedmousavi S, Shaahmadi F, Shabaninejad H, Shahbaz M, Shaikh MA, Shamshirian A, Shamsizadeh M, Sharafi H, Sharafi Z, Sharif M, Sharifi A, Sharifi H, Sharma R, Sheikh A, Shirkoohi R, Shukla SR, Si S, Siabani S, Silva DAS, Silveira DGA, Singh A, Singh JA, Sisay S, Sitas F, Sobngwi E, Soofi M, Soriano JB, Stathopoulou V, Sufiyan MB, Tabarés-Seisdedos R, Tabuchi T, Takahashi K, Tamtaji OR, Tarawneh MR, Tassew SG, Taymoori P, Tehrani-Banihashemi A, Temsah MH, Temsah O, Tesfay BE, Tesfay FH, Teshale MY, Tessema GA, Thapa S, Tlaye KG, Topor-Madry R, Tovani-Palone MR, Traini E, Tran BX, Tran KB, Tsadik AG, Ullah I, Uthman OA, Vacante M, Vaezi M, Varona Pérez P, Veisani Y, Vidale S, Violante FS, Vlassov V, Vollset SE, Vos T, Vosoughi K, Vu GT, Vujcic IS, Wabinga H, Wachamo TM, Wagnew FS, Waheed Y, Weldegebreal F, Weldesamuel GT, Wijeratne T, Wondafrash DZ, Wonde TE, Wondmienen AB, Workie HM, Yadav R, Yadegar A, Yadollahpour A, Yaseri M, Yazdi-Feyzabadi V, Yeshaneh A, Yimam MA, Yimer EM, Yisma E, Yonemoto N, Younis MZ, Yousefi B, Yousefifard M, Yu C, Zabeh E, Zadnik V, Moghadam TZ, Zaidi Z, Zamani M, Zandian H, Zangeneh A, Zaki L, Zendehtdel K, Zenebe ZM, Zewale TA, Ziapour A, Zodpey S, Murray CJL. Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2017: A Systematic Analysis for the Global Burden of

Disease Study. JAMA Oncol. 2019 Dec 1;5(12):1749-1768. doi: 10.1001/jamaoncol.2019.2996. Erratum in: JAMA Oncol. 2020 Mar 1;6(3):444. Erratum in: JAMA Oncol. 2020 May 1;6(5):789. Erratum in: JAMA Oncol. 2021 Mar 1;7(3):466. PMID: 31560378; PMCID: PMC6777271.

- GBD 2017 Stomach Cancer Collaborators. The global, regional, and national burden of stomach cancer in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease study 2017. Lancet Gastroenterol Hepatol. 2020 Jan;5(1):42-54. doi: 10.1016/S2468-1253(19)30328-0. Epub 2019 Oct 21. Erratum in: Lancet Gastroenterol Hepatol. 2020 Mar;5(3):e2. PMID: 31648970; PMCID: PMC7033564.

With hope that you will acknowledge our explanation regarding the inability to change the article format, we thank you for the idea to apply joinpoint regression analysis in order to evaluate global trends of stomach cancer in a new manuscript with observational study design.

6 Results and Discussion. The study comprehensively summarized and discussed that the incidence, mortality, temporal trends during past decades, survival, risk factors, and potential control strategies of stomach cancer. Because this study focuses on the epidemiology of stomach cancer, the prediction information for gastric cancer would be valuable (such as, PMID: 33744306; PMID: 33707924; PMID: 27605887). Response 6: Thank you for this comment. Unfortunately, in this manuscript which is the `Review` type of paper, we are not able to present prediction data for stomach cancer for the same reasons as we have listed in our previous answer.

7 Illustrations and tables. It is appropriate Response 7: Thank you.

8 Biostatistics. It is appropriate Response 8: Thank you.

9 Units. It is OK. Response 9: Thank you.

10 References. Some new references on the epidemiology of stomach cancer need to be updated. Response 10: Thank you for this comment. Correction was made in the revised manuscript, references were updated.

11 Quality of manuscript organization and presentation. It is OK. Response 11: Thank you.

12 Research methods and reporting. It is OK. Response 12: Thank you.

13 Ethics statements. The manuscript meets the requirements of ethics. Response 13: Thank you.

14. Minor error The word “enviromental factors” on page 9 should be “environmental factors”. The word “aproximatelly” on page 11 should be “approximately”. I can not understand the word “half of the XX century” on page 18. The word “withouth” on page 26 should be “without”. Response 13: Thank you for this comment. This is my omission. Correction was made in the revised manuscript.

#### 4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

**Response:** Thank you, we have had our revised manuscript checked for clarity by a colleague whose native language is English.

#### 5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

- (1) Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.
- (2) Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.
- (3) Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).
- (4) Key Words:** Abbreviations must be defined upon first appearance in the Key Words.
- (5) Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)
- (6) Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) **Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) **Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) **Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

## 6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

### (1) *Science editor:*

1 **Scientific quality:** The manuscript summarizes the incidence, mortality, temporal trends during past decades, survival, risk factors, and potential control strategies of stomach cancer. The topic is within the scope of the WJG. (1) **Classification:** Grade B; (2) **Summary of the Peer-Review Report:** References on the epidemiology of stomach cancer need to be updated. (3) **Format:** There are no tables and 13 figures; (4) **References:** A total of 132 references are cited, including 14 references published in the last 3 years; (5) **Self-cited references:** There are no self-cited references. The self-referencing rate should be less than 10%. Please keep the reasonable self-citations (i.e. those which are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; (6) **References recommendations:** The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 **Language evaluation:** Classification: Grade B. A language editing certificate was provided (self reference). 3 **Academic norms and rules:** The authors should provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found by the Google/Bing search. 4 **Supplementary comments:** No financial support was obtained for the study. The topic has already been published in the WJG: Epidemiology of gastric cancer. Crew KD, Neugut AI. World J Gastroenterol. 2006 Jan 21;12(3):354-62. doi: 10.3748/wjg.v12.i3.354. 5 **Issues raised:** Please obtain permission for the use of picture(s). If an author of a submission is re-using a

figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. *World J Gastroenterol* 2019;25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance

**Response:** We would like to thank the Science Editor for their thorough reading of our manuscript and very useful remarks which have helped us improve our manuscript.

Response by points:

1 Scientific quality: The manuscript summarizes the incidence, mortality, temporal trends during past decades, survival, risk factors, and potential control strategies of stomach cancer. The topic is within the scope of the WJG. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: References on the epidemiology of stomach cancer need to be updated. (3) Format: There are no tables and 13 figures; (4) References: A total of 132 references are cited, including 14 references published in the last 3 years; (5) Self-cited references: There are no self-cited references. The self-referencing rate should be less than 10%. Please keep the reasonable self-citations (i.e. those which are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6 Publishing system immediately. Response 1: Thank you. We have answered the Reviewer's comments point by point, updated the references. Also, please kindly note that author of this paper is one of the coauthors in two cited references (namely, reference No. 4 and No. 22)

2 Language evaluation: Classification: Grade B. A language editing certificate was provided (self reference). Response 2: Thank you. English language of the revised manuscript has been thoroughly checked and all corrections marked using Track Changes in Word.

3 Academic norms and rules: The authors should provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found by the Google/Bing search. Response 3: Thank you.

4 Supplementary comments: No financial support was obtained for the study. The topic has already been published in the WJG: Epidemiology of gastric cancer. Crew KD, Neugut AI. World J Gastroenterol. 2006 Jan 21;12(3):354-62. doi: 10.3748/wjg.v12.i3.354. Response 4: Thank you.

5 Issues raised: Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019;25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. Response 5: Thank you for this comment. All pictures (that is, Figures) in this manuscript are original, created by the authors of this manuscript for this manuscript, have not been published anywhere nor are copyrighted.

6 Re-Review: Not required. Response 6: Thank you.

7 Recommendation: Conditional acceptance Response 7: Thank you.

We have answered the questions raised by the Reviewer and incorporated appropriate changes in the revised manuscript (please see above our response to the Reviewer).

**(2) Company editor-in-chief:**

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Response:** We would like to thank the Company Editor-in-Chief for carefully reviewing our manuscript and relevant documents. We have revised the manuscript according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision.

## 7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

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Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.

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**Response:** The manuscript has been revised according to the STEPS FOR SUBMITTING REVISED MANUSCRIPT and relevant accompanying documents have been prepared and uploaded.

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it to the file destination of “Copyright License Agreement”. If any of the authors do not accept to sign the CLA, the manuscript will not be accepted for publication.

**Response:** The Copyright License Agreement Form has been signed by all authors and uploaded.

## 9 CONFLICT-OF-INTEREST DISCLOSURE FORM

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**Response:** The ICMJE Form for Disclosure of Potential Conflicts of Interest was filled completely and uploaded.

We would like to thank the Editors and Reviewer for their careful reading of our manuscript and the opportunity to revise our manuscript according to their very useful comments.

Note: We changed the number of the references in the section References according to their order in the text.

We hope that those sentences are the answers to your comments. Again, we appreciate all of your valuable comments, kind suggestions and detailed advice. Thank you for taking the time and energy to help us improve the manuscript.