Answers to Reviewer' Comments

Reviewer#06395430

Reviewer Comments 1. Abstract of the manuscript is not strongly covered the significance? 2. Please try to add Figure to more clarity your work. 3. Relevant reviews: I feel that the relevant recent literature revisions are not fully accounted for in this review. The authors should list more carefully the other reviews on the same argument and refer to them for topics that are not explicitly treated in their paper. This would help the reader to get a clearer and more general landscape of the issue. 4. Please add new references in the introduction part. (1) Satyananda, V., Gupta, R., Hari, D. M., Yeh, J., & Chen, K. T. (2019). Advances in translational research and clinical care in pancreatic cancer: where are we headed?. Gastroenterology Research and Practice, 2019. (2) Kanaoujiya, R., Porwal, D., & Srivastava, S. (2022). Applications of nanomaterials for gastrointestinal tumors: A review. Frontiers in Medical Technology, 4, 997123,1-7. (3) Sah, B. K., Zhang, B., Zhang, H., Li, J., Yuan, F., Ma, T., ... & Zhu, Z. (2020). Neoadjuvant FLOT versus SOX phase II randomized clinical trial for patients with locally advanced gastric cancer. Nature communications, 11(1), 1-8. (4) Yeoh, K. G., & Tan, P. (2022). Mapping the genomic diaspora of gastric cancer. Nature Reviews Cancer, 22(2), 71-84. 5. The authors should do the analysis the conclusion section must clearly establish a strong correlation with the proposed topic. 6. The objective or objectives should be clearly elucidated in the last paragraph of the introduction. 7. It is suggested to add one part on "challenges and opportunities" before conclusion part.

Answers to Reviewer' Comments :

Thanks for reviewing. The references cited in this paper was recently studied and reported in 2021, and most studies were conducted between 2010 and 2018. The author believes that the latest research progress has been fully taken into account.

The research topic of this paper is translational therapy for advanced gastric cancer. Currently, there is no clear guidance program, and Asia, Europe and the United States are progressing slowly through exploration. Therefore, we can only summarize the previous research programs to a certain extent, but cannot make a strategic statement of views. In order to help the reader to get a clearer and more general landscape of the issue, we added some tables in the manuscript.

In this paper, some references have been re-cited and re-edited. The Challenges and Opportunities chapter has been re-added to the article.

Reviewer# 03768526

Specific Comments to Authors: Is the term 'translational therapy' correct? Generally, multimodality therapy or multidisciplinary treatment would be used. Translational medicine refers to an approach that directly connects the results of basic research to clinical treatment, so molecular targeted therapy would fall into this category, but radiotherapy and chemotherapy would not. This article should either stop using the term 'translational therapy' or rewrite it as a review to focus on basic research and clinical applications of molecular targeted drugs. Although gastrectomy is still the main treatment for resectable gastric cancer, there is still no agreement in clinical practice between East and West regarding the extent of lymph node dissection. The results of perioperative adjuvant therapy in Western countries are based only on D0-1, while the results of JCOG0501 are based on D2. The results of radiochemotherapy in the West are considered therapeutic effects on residual group 2 lymph node metastasis, and if D2 is possible, at least adjuvant radiotherapy is

deemed unnecessary. Without introducing the current state of lymphadenectomy before introducing adjuvant therapy, this review would confuse the reader. Neoadjuvant therapy is preoperative adjuvant therapy for resectable gastric cancer, whereas preoperative therapy for unresectable gastric cancer is induction chemotherapy or induction immunochemotherapy. The two must be strictly distinguished. Yoshida's proposal is for the latter. Neoadjuvant chemotherapy has been reported to be effective not only in improving life prognosis but also in preventing the recurrence rate in patients with infectious complications. It should be cited and discussed. Ramucirumab is widely used in clinical practice as a molecular targeted therapy for gastric cancer. The results of its clinical trials must be described. Similarly, the use of trastuzumab deruxtecan must be stated.

Answers to Reviewer' Comments :

Thanks for reviewing. Translational therapy has many explanations and names, among which the one used in this paper is more widely used, and the corresponding explanation is also made in the abstract, so there is no need to modify.

Due to the different surgical methods in the East and the West, doctors have different choices of follow-up treatment, which has been mentioned in the paper. In addition, I fully agree with the difference between neoadjuvant chemotherapy and translational therapy mentioned by the reviewers, and relevant modifications have been made in this paper.

As one of the translational therapies, immunotherapy and targeted therapy are still under clinical research, Ramucirumab and trastuzumab are also both described as a typical targeted drug uesd in the manuscript.

Reviewer# 06403881

Specific Comments to Authors: in this review, the authors reviewed how to select suitable patients for translational therapy to prolong objective survival and improve survival quality. It is an interest review, but the manuscript seems to simple. It suggested that the authors includes more advanced and related therapy in the review.

Answers to Reviewer' Comments :

Thanks for reviewing. The references cited in this paper was recently studied and reported in 2021, and most studies were conducted between 2010 and 2018. The author believes that the latest research progress has been fully taken into account.

Reviewer# 06280646

Specific Comments to Authors: Good work. No major comment.

Answers to Reviewer' Comments :

Thanks for reviewing.