

Reviewer #1: The study presented by the Authors concerns a subject that has been much debated in the literature for many years. The work is well structured, examining many aspects. However, the conclusions do not bring anything new, usable in clinical practice, to the object under study. This is confirmed by the outdated bibliography. On page 6 replace "increased" with "decreased".

Thank you for your valuable comments. Although the examined lymph node (ELN) count is a topic that has been discussed for many years, this review is a unique study regarding the ELN count for gastric cancer after curative resection, especially a summary of lymph node sorting technology. We will try our best to present the latest progress on this topic from all angles. Finally, we revised the wrong words on page 6 according to your comments. Thanks again.

Reviewer #2: This review by Zeng et al. is a unique study regarding the examined lymph node (ELN) count for gastric cancer after curative resection. Various issues regarding factors that affect the number of ELN, impact of ELN numbers on pN staging and patients' prognoses, and problems in lymph node sorting technology are discussed. The subject is old-fashioned but is still important. The content is thought-provoking. I recommend this study be published in World Journal of Gastroenterology. I noticed some minor points and will list them up. 1. (p.6) In the same way, the total number of lymph nodes dissected in patients with early GC who underwent partial gastrectomy and with preserved function may be "increased" because parts of the perigastric lymph nodes do not need to be dissected: This may be "decreased." 2. (pp.6-7) Among cases with lymph node diameter of <6 and <4 mm, 14.9% and 4.2% showed a 25% decrease in staging, respectively: The meaning of this sentence is unclear. This had better be revised. 3. (p.10) than patients with "no less than" 15 lymph nodes after recurrence[44]: This may be "less than."

Thank you for your valuable comments. We have revised the three sentences you mentioned that were not properly expressed. Thanks again.

Reviewer #6: I think that being a retrospective study would help to pick the bias and have a sided-result taking situation for this study. In addition, having the chemo regimens changed during this long time period would change the results as well.. I think that study design should be revised and maybe changed with a new study from now on.. Best regards..

Thank you very much for your valuable comments. As you said, this study is a retrospective study aimed at establishing an improved lymph node staging system and prognosis evaluation system. The research objects selected in this study were gastric cancer patients from 2003 to 2011. At that time, the main treatment strategy for advanced gastric cancer in Asia was still D2 surgery plus postoperative adjuvant chemotherapy. Only a few patients received neoadjuvant chemotherapy and radiotherapy, and the program was not uniform. Therefore, we excluded patients with neoadjuvant therapy when we were enrolled. At the same time, we are very grateful to you for pointing out the impact of chemo regimens on the research. We look forward to a prospective multi-center study to clarify the exact impact of chemo regimens on this study after a retrospective study. As the prospective study will take a long time to develop, I think this study, as a preparation before the prospective study, has certain significance in improving the ability of lymph node staging system. We revised some inappropriate expressions in the article and described the establishment of the model and the analysis of the data in detail. Thank you so much again for reviewing this article.