

Dear Editor and Reviewers:

We thank the editor and reviewers for the comments concerning our manuscript entitled “Staging laparoscopy improves treatment decision-making for advanced gastric cancer” (No. 19358). These comments were all valuable and very helpful in revising and improving our manuscript, as well as the important guiding significance to our studies. Point-by-point responses to the comments of the reviewers are addressed below. We hope that these changes are satisfactory and that the manuscript is now acceptable for publication.

Responses to the reviewer’s comments:

Reviewer #1:

1. The authors evaluated clinical value of staging laparoscopy in treatment decision-making for advanced gastric cancer. It is an important issue for gastroenterologist, surgeon, and oncologist.

Response 1.1: We agree with the comment of the reviewer.

2. Generally, the indication of staging laparoscopy is the situation which is seemed to be accompanied with peritoneal dissemination. Could you discuss about this point concretely?

Response 1.2: We appreciate the comment and suggestion of the reviewer.

Yes. The data shows that the indication for staging laparoscopy correlated with the number of independent risk factors for P-positive status. Among these factors, multivariate analysis revealed that tumor size (≥ 40 mm), depth of tumor invasion (T4b) and Borrmann type (III or IV) were significantly

correlated with P-positive status. We have now clearly stated this in the Results section and TABLE 4-6.

3. Do you have any idea to improve the accuracy for the case failed to find peritoneal disseminations by staging laparoscopy?

Response 1.3: We appreciate the comment of the reviewer. Peritoneal lavage cytology examination may be helpful in detecting peritoneal disseminations in the absence of positive findings by staging laparoscopy. Staging laparoscopy using 5-aminolevulinic acid (ALA)-mediated photodynamic imaging in advanced gastric cancers has been reported to be helpful in detecting peritoneal metastasis. However, this procedure requires special equipment currently not routinely available in clinical practice. Comments to this effect have been added to the Discussion section. How to improve the accuracy for such cases will be our next study. If it comes, we hope that you dear will give us suggestion again.