

Round 1

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you for giving me the chance to read this manuscript. I believe that continuous gastric artery infusion chemotherapy (cGAIC) is a promising treatment for relieving digestive obstruction in patients of gastric cancer although this study was a single-center setting with a small study population. It will be of interest to readers of this journal, and I believe that it may contribute to encouraging the further studies in this field. This manuscript is an original article that retrospectively investigated the efficacy and safety of continuous gastric artery infusion chemotherapy (cGAIC) in relieving digestive obstruction in 29 patients with advanced gastric cancer. The authors showed the overall response rate was 89.7% and Stooler's Dysphagia Score were significantly improved after the cGAIC. Moreover, the authors demonstrated that 13(44.8%) initially unresectable patients converted into radical resectable. This study was conducted well, and the methods are appropriate. The results will be of interest to clinicians in the field. However, the following minor issues require clarification: Minor

Q1: (P4L11) "Continuous gastric artery infusion chemotherapy" should be replaced with "cGAIC".

A1: Yes, thanks! We have replaced the "Continuous gastric artery infusion chemotherapy" with "cGAIC".

Q2: (P4, Core Tip) I recommend that the last sentence is modified to "Our new treatment can not only help digestive obstruction to be relieved but also provide a good prognosis in treating tumor."

A2: Yes, thanks! We have modified the sentence according to your recommendation.

Q3: "Obstruction or fullness after feeding are common, accounting for 31.6% of the gastric cancer patients, affecting the nutritional status and quality of life of patients." Reference of this information should be added.

A3: Yes, thanks! We have added the reference in this sentence, as "Obstruction or fullness after feeding are common, accounting for 31.6% of the GC patients, affecting the nutritional status and quality of life^[3]".

Q4:(Introduction) In this study, advanced gastric cancer included locally advanced unresectable gastric cancer or metastatic gastric cancer. This sentence should be explained in the Material and Method section. Furthermore, please provide the numbers of patients with locally advanced unresectable gastric cancer and metastatic gastric cancer.

A4: Yes, thanks! We have removed this sentence into the Methods section. Besides,

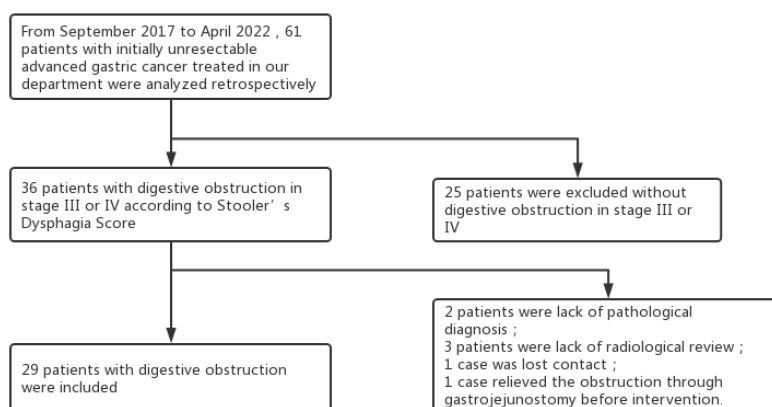
the patients with locally advanced unresectable GC and metastatic GC were part overlap, so we provided the numbers of tumor invasion and the metastasis in Table 4.

Q5: Patients' characteristics should be summarized in a table.

A5: Yes, thanks! We feel sorry that, to avoid repetition of the content, we summarize the necessary patients' characteristics in Table 4.

Q6: (P7) It's difficult to understand when and where Inclusion and exclusion criteria was applied in the selection tree.

A6: Yes, thanks! We have redrawn the flowchart to present the Inclusion and exclusion criteria in detail.



Q7: (P7L9) “Table 1” should be “Figure 1”.

A7: Yes, thanks! We have modified this mistake.

Q8: Please describe regarding dose reduction in treatment regimens.

A8: Yes, thanks! Because the infusion route is through the gastric artery, we have already reduced the designed chemotherapy dose compared to the conventional regimen, so the same dose of oxaliplatin is applied in all patients.

Q9: cGAIC was performed in 1-6 cycle. Please describe criteria for judge to continue or stop cGAIC.

A9: Yes, thanks! We have added the stop criteria for judge to continue or stop cGAIC, in the *Interventional approaches* paragraph, as “The cycles of cGAIC was depending on the following stop criteria: (1) the patient cannot tolerate continuing chemotherapy; (2) the patient was evaluated as progressive disease after 2 cycles of cGAICs; (3) the patient was evaluated as complete response after cGAIC; (4) the initial unresectable patient converted into resectable, and got radical distal subtotal gastrectomy; (5) the digestive obstruction was relieved but the patient was not converted into resectable,

and palliative treatment continued.”

Q10: (P12L10) Please provide the data of previous studies.

A10: Yes, thanks! We have added relevant content as ‘which is better than the ORR(29-47%) in previous study in advanced GC with digestive obstruction’.

Q11: (P12L15) The nutritional status in serum albumin was not analyzed in this study. Was this comment related to previous studies?

A11: Sorry, it is a mistake. The discussion of serum albumin in GC is rare in previous studies, so we have removed the relevant content about serum albumin.

Q12:(P13L28) “Figure 1C” should be “Figure 2C”.

A12: Yes, thanks! We have modified this mistake.

Q13: (Table 5) “Date” should be “Data”.

A13: Yes, thanks! We have modified this mistake.

Q14: (Figure 1) “6 patients were excluded” should be “7 patients were excluded”.

A14: Yes, thanks! We have modified this mistake and redrawn the flowchart.

Q15: “Gastric cancer” should be abbreviated to “GC”.

A15: Yes, thanks! We have change “Gastric cancer” to “GC” in the revised manuscript.

Q16: Typographical and grammatical errors are conspicuous. Please proofread them.

A16: Sorry about the typographical and grammatical errors. After the revision complete, we will use language editing services provided by a biomedical editing company.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (High priority)

Answer: Thanks for your review! The inserted comments were attached in word document. Spelling and grammar errors marked in the manuscript have been modified according to your recommendations. And we promise that after the revision complete, we will use language editing services provided by a biomedical editing company.

Besides, other suggestions about the manuscript are listed below and modified.

Q1: In the Introduction section, provide the references and percentages of “Despite the efficacy of endoluminal stent and jejunal nutritional tube, the incidence of postoperative complications is high, such as stent displacement, and restenosis”

A1: Yes, thanks! We have modified this sentence, provided related information as “such as stent displacement (16-36%), and restenosis (17-36%)^[5]”.

Q2: In the Introduction section, “Previous studies found the potential role of chemotherapy in treating digestive obstruction”. The authors write "studies" and there is only one reference. Also, I do not think that "treating" Is the right term. Maybe "relieving" would be more appropriate.

A2: Yes, thanks! We have modified this sentence, changed "treating" into "relieving", and added another related reference.

Q3: In the Introduction section, “Neoadjuvant chemotherapy could also make stage down and increase the rate of surgical resection in patients with locally advanced gastric cancer”. Provide the percentage of downstaging in these studies.

A3: Yes, thanks! Related information has been provided as “Neoadjuvant chemotherapy could also make stage down (40.7-73.3%) in patients with locally advanced GC^[9-12]”.

Q4: In the Introduction section, “It has also achieved encouraging results in patients with advanced gastric cancer”. Can the authors be more specific. What does "encouragin results" mean?

A4: Yes, thanks! We have modified this sentence, provided related information as “It has also achieved encouraging results (ORR: 59.5-85.4%, mOS: 9-30 months) in patients with advanced GC^[15-17]”.

Q5:In the Methods section, “In the rest 36 patients, 2 cases were excluded due to

lack of pathological diagnosis, 3 cases were excluded without radiologic review, 1 case was lost to follow-up, and 1 case was removed by relieving the obstruction through gastrojejunostomy before intervention". What is the difference in grouping compared to patients with "inadequate follow-up".

A5: Yes, thanks! This expression may cause ambiguity. We have modified this sentence as "In the rest 36 patients, 6 patients were excluded because of inadequate follow-up, of which 2 cases were lack of pathological diagnosis, 3 cases were without radiological review, 1 case was lost contact. Besides, 1 case was removed by relieving the obstruction through gastrojejunostomy before intervention".

Q6: In the Results section, "Further postoperative intravenous chemotherapy was applied in some patients". What was the indication. Why some patients?

A6: Yes, thanks! Postoperative chemotherapy depends on whether there are contraindications to chemotherapy. So we have modified this sentence as "Further postoperative intravenous chemotherapy was applied in these 12 patients, excluding 1 case with poor health status after gastrectomy".

Round 2

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thank you for revising the manuscript according to my suggestions. The revised manuscript is much improved. However, the following minor issues require clarification:

Q1: (P6L4) “Gastric cancer” should be abbreviated to “GC”.

A1: Yes, thanks! We have replaced the “Gastric cancer” with “GC”.

Q2: Retrospective setting in this study should be added in the limitation.

A1: Yes, thanks! We have added this sentence **in the limitation**, as “Moreover, this was a retrospective analysis but not prospective randomized, which may cause selection and recall biases”.