

Point-by-Point Response to Reviewer 1

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

I have received for review a case control study entitled “The impact of Alcian blue and periodic acid-Schiff expression on the clinicopathological features and prognosis of gastric signet ring cell carcinoma” which is being processed for publication in this journal.

1. Please correct the phrase "key word".

Answer:

Thank you for your suggestion. We have revised the keyword. We have removed mucus, which appears less frequently in abstract section, and supplemented word of gastric, which is the main tissue site in our study

2. Introduction section - provide a comprehensive review of the main issues associated with the chosen topic.

Answer:

We described the stain principles of Alcian blue and periodic acid-Schif and supplemented relevant literature.

3. Materials and methods - I suggest the introduction of a chart outlining the inclusion and exclusion criteria.

Answer:

Thank you for your suggestion. In the materials and methods section, we have supplemented a detailed patient selection flowchart (**Figure 1**) to clarify the inclusion and exclusion criteria more clearly.

4. Results - well systematized.

Answer:

Thank you for your review. In the results section, we rechecked the statistical data one by one.

5. Discussion - I suggest the authors to introduce similar clinical studies.

Answer:

Thank you for your suggestion. In our revised manuscript, we searched for relevant literature and supplemented similar clinical research literature, including literature that supports and does not support our research findings.

6. Study limitations missing.

Answer:

I have supplemented the limitations of the article based on the research methods and content, as follows: There are some limitations to our study. First, this study was a retrospective study with a relatively short follow-up period, and the sample size was limited, so the results of this study might have some bias. Second, although the nomogram was established to predict the prognosis of these SRCC patients, it was not externally verified, and single-center data analysis cannot represent the overall population. Furthermore, unknown physiological and pathophysiological factors might have had an unavoidable impact on prognosis of the patients.

7. Conclusion section is missing.

Answer:

Thank you for your constructive comments. In our modified manuscript, we have supplemented the conclusion section, as follows: This study demonstrated that low PAS expression emerged as an independent risk factor of prognosis and $A/P > 0.5$ was a potential risk factor for the prognosis. PAS and A/P can be used to evaluate the prognosis of patients with gastric SRCC. PAS and AB

staining in gastric SRCC is helpful for clinicians and pathologists to determine the prognosis of patients, and the cost is low.

8. Figure 3 - I suggest splitting this figure into several images to increase its livability.

Answer:

Thank you for your suggestion. We have separated my Figure 3 into two parts (**Figure 4:** Cancer-specific survival (CSS) for different groups; **Figure 5:** Cancer-specific survival (CSS) for different groups according to Alcian blue to Periodic acid Schiff ratio (A/P).), in order to increase its livability.

Finally, thank you for your valuable suggestion on our research, which makes our article more complete, comprehensive and scientific.