

## **Reply to Reviewer #1**

Dear Reviewer,

Thank you very much for your time involved in reviewing the manuscript and your very encouraging comments on the merits.

We also appreciate your clear and detailed feedback and hope that the explanation has fully addressed all of your concerns. In the remainder of this letter, we discuss each of your comments individually along with our corresponding responses.

To facilitate this discussion, we first retype your comments in *italic font* and then present our responses to the comments.

### **Comment 1:**

*Should be corrected as CA 19-9, CA 72-4 in Data Collection*

### **Response 1:**

Thank you for the detailed review. We have revised written form of the above tumor markers. The relevant contents are provided below as a screen dump for your quick reference.

hypoproteinemia. Hemoglobin (HGB)< 90 g/L was considered anemia. Serum tumor biomarkers including carcinoembryonic antigen (CEA), carbohydrate antigen 19-9 (CA19-9), carbohydrate antigen 72-4 (CA72-4) and carbohydrate antigen 12-5 (CA12-5) were all detected before the surgery.↵

### **Comment 2:**

*Different cut-off values are used.*

### **Response 2:**

Thanks for your great suggestion on improving the accessibility of our manuscript. Currently, it's hard to properly harmonize the cut-off values due to changes in the reference ranges for tumor markers over years in which the patients were collected.

### **Comment 3:**

*In addition to the following article can also be considered as a reference. ILHAN, Enver, et al. Can the ratio of metastatic to examined lymph nodes (N ratio) be used as an independent prognostic factor in patients with gastric cancer? Is the hypothetical TRM (tumor-ratio-metastasis) staging system an alternative to the TNM (tumor-node-metastasis) staging system?. Gastroenterology Review/Przegląd Gastroenterologiczny, 2013, 8.4: 247-256.*

**Response 3:**

Thank you for your introduction to these wonderful research work. According to your suggestion, we properly cite these articles as:

of the number of metastatic lymph nodes to the total number of nodes retrieved. In patients with gastric cancer, LNR might be more appropriate than N stage in predicting clinicopathological characteristics and prognosis<sup>[10-12]</sup>. However, the value of LNR

12 İlhan E ZB, Simsek H, Canpolat S, Yildirim M. . Can the Ratio of Metastatic to Examined Lymph Nodes (N Ratio) be used as an Independent Prognostic Factor in Patients with Gastric Cancer? Is Hypothetical TRM (tumor-ratio-metastasis) Staging System an Alternative to TNM (tumor-node-metastasis) Staging System? . *PRZ Gastroenterol* 2013; **8**: 247-256 [DOI: 10.5114/pg.2013.37488 ] ↵

We would like to take this opportunity to thank you for all your time involved and this great opportunity for us to improve the manuscript. We hope you will find this revised version satisfactory.

Sincerely,

Meng Zhuo