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Responses to reviewer (00058438)

Major comments:

Comment 1: If possible, Figure 1 could be made in color.

Answer: We made a new colour figure.

Comment 2: The contents of Table 2 should be rearranged according to “Line of treatment”.

Answer: The contents were rearranged according to “line of treatment”

Comments 3 and 4: The section of “Conclusion and future prospects” should be further enriched. For example, the authors could focus on and summarize the targeted therapy strategies of current gastric cancer practice guidelines in a Table, such as Asia, ESMO and NCCN guidelines. The authors could integrate targeted therapy and create a proposed flowchart in the management of gastric cancer.

Answer: In the section of “conclusion and futur prospects” we proposed a treatment algorithm that is consistent with current National Cancer Center Network guidelines (version 3, 2015) and that integrates targeted therapies into the management of advanced GC (Figure 2).

Minor comments:

Comments: In the “Introduction” section, “the vast majority of GC patients (65%) are found to have unresectable disease or distant metastases” is not true; for example, early gastric cancer is commonly found in Japan.

Answer: The “introduction” section was chanced as follows: Gastric cancer (GC) is one of the most aggressive tumors and is currently the third leading cause of

cancer death in both sexes worldwide (8.8% of the total) [1,2]. At the time of initial diagnosis, **the vast majority of Western GC patients (65%) are found to have unresectable disease or distant metastases. In Japan and South Korea, where nationwide government-sponsored screening programs have been established, still up to 80% of patients who undergo a curative resection for GC develop locoregional or distant recurrence** [2,3].

Comment: The outcomes of systemic chemotherapy are generally disappointed, so I suggest not using “gold-standard therapy” for chemotherapy in the “Introduction” section.

Answer: This statement was changed as follows: Treatment of patients with advanced GC remains one of the most challenging tasks in clinical oncology. Until recently, **systemic chemotherapy alone has been the mainstay of treatment** for these patients

Comment: In the “Introduction” section, the authors declared that “trastuzumab and ramucirumab have been shown to have a satisfactory clinical efficacy and safety profile”. Although targeted therapy may prolong patient survival, but the progress is still not “satisfactory” in a long run.

Answer: The sentence was changed as follows: Some of these, **such as trastuzumab and ramucirumab have been shown to have significant therapeutic activity and a good safety profile**, have changed the treatment paradigm, and are therefore approved in the United States and Europe as part of the management of patients with GC.