Author’s response to reviews

Title: Chemoradiotherapy versus chemotherapy as adjuvant treatment for localized gastric cancer: a propensity score-matched analysis

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Dear Dr. Alexandros Houssein and Reviewers

The authors thank you for the comments and suggestions. We believe that we were able to greatly improve the manuscript. We provide point-by-point answers on all topics. We hope that with these alterations our manuscript is now appropriate for acceptance in BMC Cancer

Giovanni Grignani, M.D. (Reviewer 1)

English language needs to be reviewed
"we have added more information in this subject."

to compare the efficacy and toxicity of CRT to CT alone as adjuvant treatment."

"Both groups had similar median OS and disease-free survival, with 5-year OS of 40.9% vs 41.3% for CRT and respectively (p=0.99) [18]."

We have reviewed the manuscript and made the appropriate corrections.

Major

In the Toxicity paragraph and in the Discussion section, authors need to change the statement on "well tolerance" of post-op chemo or radiotherapy after a D2 gastrectomy. Indeed few lines later they reported a 50% dose-reduction due to toxicity.

"Overall, both treatments were well tolerated with manageable toxicities but slightly different profiles of adverse events."

"Dose reductions were more common in the CT than in CRT group (52.4% vs. 11%)."

The sentences “Overall, both treatments were well tolerated with manageable toxicities but slightly different profiles of adverse events” and “CRT and CT had a manageable toxicity profile” were removed. We also added the sentence “even though dose reductions and dose delays were more common in patients treated with CT alone” in the conclusion to clarify that chemoradiation required less dose reductions.

Authors should acknowledge in the Discussion Section that the retrospective nature and higher number of microscopically contaminated margins in the CRT group compared to CT one, is a major limitation of this study. One could argue in favor of CRT after R1 surgery

In the sixth paragraph of the Discussion section we acknowledge that the retrospective nature is a limitation of our study and that differences between the two groups might have influenced the results. However the number of R1 resections is higher in CT group (12.2%) rather than in CRT group (7.9%).

In this paragraph we have discussed how others major differences between groups, such as TNM pathological stage and D2 resection, might have influenced the results.