Author’s response to reviews

Title: Impact of postoperative major complications on long-term survival after radical resection of gastric cancer

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1) This is a single centre retrospective study and although there is some mitigation with one clinician being responsible for the prospectively maintained database, there are obvious drawbacks to this methodology. For example, how was the database validated? What was the case ascertainment?

Author: All data about treatment decision making was validated by the Multidisciplinary team (MDT) every Friday morning. (Background section, line 3, page 5)
2) The series began in Feb 2012 and finished in Jan 2013, with 3 years follow-up. Has clinical practice including surgical and oncological treatment changed during this period in a way that might impact on the outcomes reported?

Author: I think treatment changed during this period didn’t affect the DFS outcomes. All the patients received standard radical D2 gastrectomy and majority of patients received chemotherapy during the period, there maybe no treatment changed before tumor relapse during this period. (I did not put this paragraph in the manuscript).

3) Not much can be done about the missing chemo data, but this would have added a lot to the interpretation of the findings.

Author: Yes, I think so too, so I added this sentence in the discussion “There was a lack of information pertaining to postoperative chemotherapy, which may have affected patient overall survival, but lack of information about chemotherapy maybe didn’t affect the DFS outcomes. The reason that all the patients received standard radical D2 gastrectomy and majority of patients received standard chemotherapy after surgery, the chemotherapy drugs include Oxaliplatin, Xeloda, S-1, Paclitaxel, etc, there maybe no treatment changed before tumor relapse. In our findings, we found the 3-year disease-free survival rate is significantly better in the group of patients without complications than in the group with complications, this trend was also observed in the major or infectious complications group. Further subgroup analysis showed that, among stage II patients, major complications were associated with poorer 3-year DFS rates”. (Discussion section, line 11-23, page 14-15)