Author’s response to reviews

Title: Nomogram for predicting the survival of gastric adenocarcinoma patients who receive surgery and chemotherapy

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Dear Dr. Smith,

Many thanks for your review our manuscript "Nomogram for predicting the survival of gastric adenocarcinoma patients who receive surgery and chemotherapy". Your comments about the paper give us many useful suggestions which help us correct some mistakes and think about some problems more deeply. We have thoroughly revised our manuscript according to the reviewers’ comments. Please find below our point-by-point responses to the reviewers’ comments. Once again, thank you very much for your comments and suggestions.

We, all the authors, thank you very much. By the way, please let us know if you need any further information.
Best wishes.

Yours sincerely,
Xue-Qun Ren

Technical Comments:
Authors' response: Thanks for your advice. We have revised the manuscript based on your comments.

Reviewer comments:
Reviewer #1:
1. Is there any information about the timing of chemotherapy (before or after surgery)?
Authors' response: Thanks for your comment and suggestion. SEER data does not report information on the timing of chemotherapy, we can only get the status of chemotherapy as yes, no and unknown.

2. Were any of these included in the analysis (LOODS, LNR)?
Authors' response: Thank you very much for your suggestion. It is quite a professional and perfect question. LNR was defined as the ratio of RNP (number of regional nodes positive) relative to RNE (number of regional nodes examined). LOODS was defined as the natural logarithm of the ratio of the probability of a lymph node to contain metastasis (RNP/RNE) versus the probability of a lymph node to be free of metastasis((RNP-RNE)/RNE). In other words, LNR or LOODS originates in RNE and RNP. And both RNP and RNE were involved in our analysis, so LNR or LOODS was not included in the analysis.

3. Why was SUMS included as a factor if other staging was included in the model?
Authors' response: Thanks for your comment and suggestion. There are 2 reasons for the selection of SUMS.
First of all, all the data were from SEER database, we choose SEER Stage (SUMS) as a factor in the model.
Second, SUMS is the most basic way of categorizing how far a cancer has spread from its point of origin and uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation. (https://seer.cancer.gov/tools/ssm/) Some newly published researches also recommend SUMS as a factor for the nomogram to predict the cancer-specific survival in patients with cancer.[1-4]

Reviewer #2:
1. Page 7 line 51-52"while cancer with a primary site of the pylorus seemed to be protective compared with the heart", the "heart" should be "cardia".
Authors' response: Thank you for your reminding. We have made correction according to the comment. (Discussion section, line 38-39, page 6)

2. The type of surgical procedure should be mentioned.
Authors' response: Thanks for your advice. We strongly agree with you. Because the SEER database does not report detailed types of surgery, our study did not include this information. We will conduct further studies in our institution to explore the impact of surgical types on patient prognosis.