Author’s response to reviews

Title: Prognostic Significance of Perigastric Tumor Deposits in Patients with Primary Gastric Cancer

Authors:

Jun Lu (78379048@qq.com)
Anup Shrestha (kevinanup@hotmail.com)
Chao-Hui Zheng (1012118911@qq.com)
Li Ping (24627878@qq.com)
Xie Jian-Wei (364531721@qq.com)
Jia-Bin Wang (847044493@qq.com)
Jian-xian Lin (158816524@qq.com)
Qi-yue Chen (690934662@qq.com)
Long-long Cao (1291821982@qq.com)
Mi Lin (170894572@qq.com)
Huang Chang-Ming (hcmlr2002@163.com)

Version: 1 Date: 21 May 2017

Author’s response to reviews:

Dear Editor:

We are grateful to the anonymous reviewers for their valuable comments and suggestions which help improve the quality of the paper. We have study the reviewers’ comments carefully and have made modifications and corrections which we hope meet their approval. We have revised the manuscript according to your kind advices and referee’s detailed suggestions. Here below is our description on revision.
Stefano Rausei (Reviewer 2): Authors presented perigastric tumor deposits as a potential factor to be considered for gastric cancer prognosis. The study is interesting, but there are some relevant aspects to be clarified.

1) Is "radical gastrectomy" a R0 gastrectomy? If no, R0 resection rate should be specified.

Response: The “radical gastrectomy” is a “R0 gastrectomy”. We have amended in the revised manuscript with red mark.

2) Did authors include patients treated by adjuvant/neoadjuvant therapy? If yes, this should be detailed.

Response: In this study, we excluded patients who had undergone neoadjuvant chemotherapy. According to the Japanese Gastric Cancer Treatment Guidelines, adjuvant chemotherapy with 5-fluorouracil (5-FU)-based regimens (mostly 5-FU with cisplatin) has been administered to all patients with stage II/III GC at our institution, unless contraindicated by a patient’s condition or their refusal. These have been added in the “Patients and methods” section of the revised manuscript with red mark.

3) Why did authors not subdivide T4a and T4b cases? Why did they not consider Lauren classification?

Response: We have subdivided T4a and T4b cases in revised Supplementary Table 1 with red mark. However, due to the small case of T4b, we can’t analysis the survival curve of T4b cases. Lauren classification was not available before 2007 in our database. Therefore, we can’t analyze the Lauren classification in this retrospective study. These have been added as “limitation” in the “Discussion” section of the revised manuscript with red mark.

4) In order to underline the real prognostic relevance of tumor deposits, they should demonstrate that this factor is able to stratify T and N parameter (for example according to Log rank test). Actually, figure 3 is not so clear.

Response: We have stratified T and N parameter to demonstrate prognostic relevance of tumor deposits (Figure 2 in the revision manuscript). The pixels figure 3 has been improved in the revision manuscript.
5) I did not find interesting the analysis of number of deposits...Similarly, I did not find so clear the table 1.

Response: According to your suggestion, I've amended the figure 2 and table 1 as the supplementary material, in the revision manuscript.

We have checked the manuscript and revised it according to the comments. We submit here the revised manuscript as well as a list of changes.

If you have any question about this paper, please don’t hesitate to let me know.

Sincerely yours,

Dr. Chang-Ming Huang