Minor Essential Revisions:
The report submitted is an important comment on the role of palliative radiotherapy in the management of bleeding in patients with advanced gastric cancer. The authors are to be commended for their efforts - they have posed and answered important questions about the time course of hemostasis and the durability of hemostasis for this group of patients with a poor performance status. However, there is one specific question that the authors fail to address in this report: a subset of patients received chemotherapy concurrent with radiotherapy. While statistical analysis of the differences between the patients who received concurrent chemotherapy and those who did not may not be possible given the small number of patients who received concurrent chemotherapy, it would still be important to characterize the question of concurrent chemotherapy in this patient population:

What chemotherapy regimens were used (with concurrent radiotherapy)? It is unclear from the table which chemotherapy regimens were concurrent.

Were there differences in the number of prior chemotherapy regimens among patients who received concurrent chemotherapy?

Were the patients who did not achieve hemostasis in the concurrent chemotherapy group?

Were the patients who had rebleeding in the concurrent chemotherapy group?

Was there any difference in survival among patients who received concurrent chemotherapy?

In addition, it would be helpful to have information on platelet function in order to assess hemostasis and rebleeding. The patient population in the study is heavily pre-treated with chemotherapy and may have thrombocytopenia - it would be helpful to know average platelet counts and whether patients who did not achieve hemostasis or had rebleeding had thrombocytopenia.

This is an important article and I anticipate that the answers to the above questions can be completed quickly. I also think that the answers to the above questions will significantly strengthen the paper, providing further information about the role of chemotherapy and other lab values in management of this patient population.
Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.