Author’s response to reviews

Title: Adherence to “Dietary Approaches to Stop Hypertension” eating plan in relation to gastric cancer

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Author’s response to reviews:

Dear Editors,

We are grateful for your consideration of this manuscript, and we also very much appreciate your suggestions, which have been very helpful in improving the manuscript. We also thank the reviewers for their careful reading of our text. All the comments we received on this study have been taken into account in improving the quality of the article, and we present our reply to each of them separately. Below, we also provide a point-by-point response explaining how we have addressed each of the editors or reviewers’ comments. We look forward to the outcome of your assessment.

Yours sincerely,
On behalf of the co-authors

Kazem Zendehdel

Reviewer #1
*The abstract section should be more shrinked and priced. Also, the conclusion and signification of the study should be more clarified.
Our answer: done
*In the BACKGROUND section, you should introduce more details about the positive and negative relationship of dietary pattern and cancers with special focusing on GC. Also, I suggest you to use some references, in which they are correlated with nutritional studies and their correlations with Gastric Cancer and other hypertension diseases.
Our answer: done
*In methods, why you did not mentioned more anthropometric analysis related to your patients. You mentioned that you did not examine current weight due to the effect of gastric cancer on weight in these patients. But, I think it is important to show the current anthropometric measurements for the used subjects, even if it will be not stable in analysis of your data and finding more correlations between their diets and GC.

Our answer: In case-control studies, the dietary behavior and situations of patients before the onset of the disease are important in finding associations. Therefore, we prefer to gather information about their situation and habits before affecting by cancer. Unfortunately we have no information about their weight in time of cancer diagnosis.

*In conclusion: More details about the signification of the study should be added.

Our answer: done.

Associate editor:

*Introduction
Line 75: there’s a 0 missing from 100,000
Line 79: should be genetics
Our answer: done

*Line 82-82: The authors have referred to inconsistent results but not presented any to the reader. If there are inconsistencies in study findings related to individual foods/nutrients please provide examples before going on to discussing the reasons being the assessment method.
Our answer: done

*Line 88: please replace the word ‘amounts’ with the word ‘intakes’ – it reads better
Our answer: done

*Line 101: Please could the authors include a sentence to highlight some of the key changes to the traditional Middle Eastern diet as a result of the nutrition transition? – this would then make a better lead into the next sentence and the argument that the assessment of DASH is particularly relevant for the Middle Eastern population.
Our answer: done

*Methods
Line 106: add word ‘the’ before ‘Cancer Research Centre’.
Line 108: should be written – ‘between May 2010 and June 2012’
Line 110: replace ‘diagnosing’ with ‘diagnosed’
Our answer: done

*What were the authors reasons for limiting the age of inclusion at 40 years?
Our answer: we enrolled subjects aged 40 years or older, as gastric cancer rarely diagnosed in person younger than 40y in our country.

*Line 111: replace ‘Totally’ with ‘In total’
Our answer: done

Line 125: Its not clear what the authors mean by ‘choosing frequencies based on Iranian home scales’?
Our answer: we changed the sentence as below.
Participants were able to choose their frequency consumption of different foods and dishes based on Iranian home scales such as spoon, plate, bowl, ladle or splatter.
Results section is well written and clearly presented. Table 2: given the focus of the DASH dietary pattern it was surprising to see a lack of significant intakes of fat and sodium across the tertiles of DASH score (although the ‘mean’ intakes are in the expected direction) – can the authors provide any light on why they think that may have been the case? Is it a limitation of the DASH index or the dietary assessment method? Our answer: about sodium, we should acknowledge that DHQ or any food questionnaire is not accurate in measuring intake. However, both sodium and fat intakes showed a sensible trend. Both are higher in cases and showed a favorable change along with tertile of DASH score. A Pvalue is 0.06 in both which could be due to low sample size.

*Discussion
Line 214: start sentence with wore ‘The’
Line 218: include the words ‘as a whole’ after the words ‘this dietary pattern’. The reader needs to understand the difference between this study and the previous studies.
Line 248: ‘sweated drinks’ should be ‘sweetened drinks’
Line 259: please include a sub-heading of ‘strengths and limitations’ to delineate this section.

Our answer: done