

Dear Editor and Reviewers,

Thank you very much for giving us opportunities to revise our manuscript, and we appreciate the reviewer a lot for his positive and constructive comments and suggestions. We have studied editor and reviewer's comments carefully and have made revisions **which are marked in yellow in the paper**. We hope the corrections will meet with your approval.

Deputy Editor:

1. The language of the manuscript needs to be upgraded to be more reader-friendly.

Response: Thank you so much for your comment. We will make specialized modifications through companies recommended by the journal.

2. Need to provide ethics committee approval number in the methods section of the article

Response: Thank you for your reminder. Ethics Committee of Qinghai University Hospital Approval Number: P-SL-2024-421

3. Main modification: "Patients: a total of 219 eligible patients with advanced gastric cancer who were treated in the Department of Gastrointestinal Oncology, Affiliated Hospital of Qinghai University, during the period of January 2018 to March 2020, were included." However, "All patients included in the study met the following strict criteria: 1. Inclusion of patients diagnosed with stage II-IV primary gastric adenocarcinoma according to the 8th edition of the International Union Against Cancer (UICC) AJCC TNM staging criteria¹² confirmed by imaging and endoscopic biopsy, free of any other concomitant malignancy, without evidence of metastasis to distant organs, and with successful R0 resection (no residual tumors visible to the naked eye or under the microscope).

Response: Thank you very much for your comment. We apologize for the error in the inclusion criteria due to a writing oversight. According to the CSCO guidelines, T4b belongs to stage IVa in the clinical staging of gastric cancer. Our patients with stage IV gastric cancer included patients with stage IVa and several patients with stage IVb distant organ metastases, who underwent radical surgery and were included in the study, and we deleted the phrase "absence of any other concurrent malignant neoplasms, no evidence of distant organ metastasis". Meanwhile, the stage II patients in the manuscript did not meet the definition of advanced gastric cancer, so we replaced advanced gastric cancer with gastric cancer in the manuscript. Thank you so much for your suggestion which is very helpful.

Patients: A total of 219 eligible patients with **advanced** gastric cancer, who were treated at Qinghai University Affiliated Hospital Gastrointestinal Oncology between January 2018 and March 2020, were included in the study. Among them, 149 patients received SOX regimen and 70 patients received S-1 regimen. All patients underwent both preoperative and postoperative chemotherapy consisting of 2-4 cycles each, totaling 6-8 cycles, along with parallel D2 radical surgical treatment. The patients were followed up for a period of three years or until reaching the event endpoint. All patients included in the study met the following stringent criteria: 1. Inclusion of patients diagnosed with stage II-IV primary gastric adenocarcinoma, as confirmed by imaging and endoscopic biopsy according to the 8th edition of the AJCC TNM Staging Criteria

of the International Union Against Cancer (UICC), ~~absence of any other concurrent malignant neoplasms, no evidence of distant organ metastasis,~~ and successful R0 resection (no residual tumor visible to the naked eye or under a microscope). 2.The patients underwent 2-4 cycles of preoperative and postoperative adjuvant chemotherapy, followed by a total of 6-8 cycles of chemotherapy, all in accordance with the NCCN and CSCO guidelines for surgical treatment at our hospital. 3.The size of primary tumor lesions can be measured by CT and MRI, with confirmation through postoperative pathological biopsy. 4.Eastern Cooperative Oncology Group(ECOG) performance status ≤ 1 and able to tolerate chemotherapy; with acceptable liver, kidney, hematologic and cardiopulmonary function.

4. The reviewer didn't request the authors to cite improper references published by him/herself. The discussion section requires an in-depth discussion of the study plan and results in the context of previous studies.

Response: Thank you for your comments, they are very helpful. Based on the writing ideas you provided, we removed references to our own previously published articles and rewrote the introduction and discussion sections of the article.Thanks again for your help.