Point-by-point response addressing the comments:

Thank you for your thorough review of our manuscript "Impact of hyperthermic intraperitoneal chemotherapy on gastric cancer survival: Peritoneal metastasis and cytology perspectives". We greatly appreciate your feedback and have addressed each of your comments as follows:

1. The formats of references should be in uniformity

Response: We acknowledge the need for consistent reference formatting. All references have been uniformly formatted according to the journal's guidelines.

2. The wording should be modified to be more precise and understandable, and some errors should be corrected.

Response: We recognize the importance of precise and clear language. We have revised the manuscript to enhance clarity, define all technical terms accurately, and correct identified errors to improve overall readability.

3. It was hard to evaluate the reliability of data and conclusion while there were no Figures and Tables submitted.

Response: We appreciate the necessity of supporting data visualizations. Relevant figures and tables have been added to clearly present key data points, such as survival outcomes and recurrence rates, thereby improving the manuscript's reliability and comprehensibility.

4. Since HIPEC only offer a survival benefit in the short term, what do you think the possible therapeutic strategy to improve the long-term survival and reduce the incidence of peritoneal recurrence?

Response: The reviewer raises an important question about potential therapeutic strategies to improve long-term survival and reduce the incidence of peritoneal recurrence following HIPEC.

In response to enhancing long-term survival outcomes after HIPEC, we propose exploring additional modalities aimed at targeting intraperitoneal cancer cells more effectively. One promising approach is pressurized intraperitoneal aerosol chemotherapy (PIPAC). PIPAC can generate high intraperitoneal concentrations of chemotherapeutic drugs, leading to notable regression of peritoneal metastasis while minimizing systemic absorption. Meta-analyses support its efficacy, showing tumor regression, though results vary across studies. Furthermore, integrating intraperitoneal chemotherapy with systemic chemotherapy has shown improved survival rates, especially in patients who undergo subsequent surgical interventions in response to treatment. We also suggest standardizing the HIPEC procedure to enhance outcomes consistently. Implementing these combined modalities could potentially decrease the tumor burden within the peritoneal cavity and subsequently reduce the risk of peritoneal recurrence. This multifaceted approach may provide a robust strategy for improving long-term management of patients treated with HIPEC.

We believe that the above adjustments have strengthened our manuscript. Thank you again for your valuable insights.