

## **SPECIFIC COMMENTS TO AUTHORS**

Xin et al. used modern means of communication to intervene in the psychology of patients undergoing chemotherapy for gastric cancer. Making psychological interventions available to patients anytime, anywhere improves communication efficiency and can reduce unnecessary hassles. This study has a novel perspective, and I recommend acceptance of this article with appropriate modifications. Title: the title is a bit long, please reduce the number of words in the title appropriately. Abstract: The background introduction should be an introduction to current research advances in gastric cancer rather than a description of what this study is about. Core tip: This section is too small. The authors need to develop a description of the core ideas of this study. Introduction: "The stomach is in the upper abdomen of the human body, which is in the shape of 'J' and is an essential organ for food digestion" is not very relevant to this study and can be deleted. The format of section 2.2.2 is too confusing. The serial numbers are not used in order. The author is requested to reorganise this section. Segmentation can be done if necessary. 3.3 Why does it end with a colon? Has the author left something out? In 5.5, 'Before care, the quality of survival scores of the two groups were compared' could be amended to 'Before care, there was no significant difference in the quality of survival scores between the two groups'. Discussion: the content of the first paragraph (According to the latest cancer data in China, there are 397,000 new cases of gastric cancer each year, with the morbidity and mortality rate ranking 3rd among various malignant tumors, and the new cases account for 44% of the global cases, so it is also known as "Chinese-style cancer." Considering the small number of cancer cells that may remain after laparoscopic radical gastric cancer surgery, most patients, except for a few, need postoperative chemotherapy to kill tumor cells further and prolong the survival period. However, simultaneously, chemotherapy has high side effects, easily increases somatic discomfort, affects patients' confidence in treatment, and reduces the quality of survival. Therefore, strengthening nursing measures is crucial in relieving psychological pressure, promoting the smooth progress of chemotherapy, and improving treatment success rates) would be more appropriate in Introduction as a

background introduction. In addition, authors need to think about the limitations of this study and add them at the end of the Discussion. Finally, the language in this manuscript is not smooth and some words are used inappropriately. The language level needs to be improved.

Q1: Title: the title is a bit long, please reduce the number of words in the title appropriately.

RESPONSE: Web-Based PPI's Impact on Emotions, Capital, & QOL in Gastric Cancer Chemotherapy Patients

Q2: Abstract: The background introduction should be an introduction to current research advances in gastric cancer rather than a description of what this study is about.

RESPONSE: Gastric cancer is a malignant digestive tract tumor that originates from the epithelium of the gastric mucosa and occurs in the gastric antrum, particularly in the lower curvature of the stomach.

Q3: Core tip: This section is too small. The authors need to develop a description of the core ideas of this study.

RESPONSE: This report discusses a case of necrolytic migratory erythema, a rare skin condition caused by pancreatic hyperglycemia. We emphasize the diagnostic difficulties, tailored treatment strategies, and prognostic factors that affect the management of this complex condition. Prompt identification and appropriate intervention are crucial for positive patient outcomes.

Q4: Introduction: “The stomach is in the upper abdomen of the human body, which is in the shape of "J" and is an essential organ for food digestion” is not very relevant to this study and can be deleted.

RESPONSE: Have deleted

Q5: The format of section 2.2.2 is too confusing. The serial numbers are not used in order. The author is requested to reorganise this section. Segmentation can be done if

necessary.

RESPONSE: Have revised

Q6: 3.3 Why does it end with a colon? Has the author left something out?

RESPONSE: Have revised

Q7: In 5.5, 'Before care, the quality of survival scores of the two groups were compared' could be amended to 'Before care, there was no significant difference in the quality of survival scores between the two groups'.

RESPONSE: Have revised

Before care, there was no significant difference in the quality of survival scores between the two groups

Q8: Discussion: the content of the first paragraph (According to the latest cancer data in China, there are 397,000 new cases of gastric cancer each year, with the morbidity and mortality rate ranking 3rd among various malignant tumors, and the new cases account for 44% of the global cases, so it is also known as "Chinese-style cancer." Considering the small number of cancer cells that may remain after laparoscopic radical gastric cancer surgery, most patients, except for a few, need postoperative chemotherapy to kill tumor cells further and prolong the survival period. However, simultaneously, chemotherapy has high side effects, easily increases somatic discomfort, affects patients' confidence in treatment, and reduces the quality of survival. Therefore, strengthening nursing measures is crucial in relieving psychological pressure, promoting the smooth progress of chemotherapy, and improving treatment success rates) would be more appropriate in Introduction as a background introduction.

RESPONSE: Have revised to introduction

Q9: In addition, authors need to think about the limitations of this study and add them at the end of the Discussion.

RESPONSE: While the current study provides valuable insights into the impact of network-based positive psychological interventions on gastric cancer chemotherapy patients, there are some limitations that need to be acknowledged. Firstly, the sample size of 121 patients, although sufficient for initial findings, may not fully represent the broader population of gastric cancer chemotherapy patients. Secondly, the study was conducted in a single hospital, limiting the generalization of the

results to other healthcare settings. Additionally, the duration of the intervention and follow-up period were relatively short, limiting the ability to assess the long-term effects of the network-based positive psychological interventions. Furthermore, the study relied primarily on self-reported measures, which may be subject to recall bias or participant subjectivity. Finally, other factors that could potentially influence the outcomes, such as social support and comorbidities, were not fully considered in the analysis.