Central Hospital of Central Finland 16 August 2015

Dear Science Editor Jing Yu and reviewers,

Thank you for your positive comments and detailed instructions for further revision of our manuscript *"Surgical care quality and oncologic outcome after D2 gastrectomy for gastric cancer"*. I have done the requested revisions, highlighted them in yellow and included the documents required. Here are the responses for the referees.

Responses for the comments of the reviewer 00182833:

Reviewer's comment:

"1. I think the article should be revised by a native speaker … there are some minor but misleading expressions; fifth line from the introduction (gained in popularity) better to be written as (gained popularity)."

Response:

I'm sorry for the minor shortage of the language polishing. I've corrected this sentence according to reviewers recommendation (highlighted in yellow). However, the whole manuscript has already undergone a comprehensive English revision process by an editing company AmEditor, Inc, that is listed one of the recommended collaborators of WJG. They provided a certificate, that the edit has achieved Grade A: priority publishing; no language polishing required after editing. The certificate is attached.

Reviewer's comment:

"2. We need some details about which patients were given the neoadjuvant chemotherapy. 3. Again, regarding the neoadjuvant chemotherapy, we need to know about the impact of neoadjuvant chemotherapy on prognosis for patients undergoing a D2 resection."

Response:

Forty patients had (neo)adjuvant treatments as follows:

- Two patients received preoperative chemoradiation followed by D2 surgery. Both of the patients had a tumor located in the esophagocardial junction. The first one was a 46 yr old male, who had a T2N1M0 intestinal adenocarcinoma (metastasis in 2 of 28 lymph nodes), that was operated in 2004 and still surviving. The other one was a 60 yr old male, who had a T3N2M0 intestinal adenocarcinoma (metastasis in 12 of 17 lymph nodes), operated in 2007 and deceased in 2009.

- Thirty-eight patients had postoperative treatments. Twelve patients had postoperative chemoradiation, and 26 postoperative chemotherapy with 5-FU-based combinations. These patients had lymph node metastasis or had UICC stage III or more.

None of the patients in this cohort (from 1999 to 2008) received neoadjuvant (perioperative) chemotherapy in that particular form recommended in European guidelines today.

We agree that one of the limitations of this study is that the adjuvant treatment protocols are heterogeneous, each group consisting of only small number of patients. For statistical analysis, all the patients receiving any kind of postoperative adjuvant treatment combinations were included in one group. The second group consisted of those two preoperatively treated patients, and the third one of those 69 receiving no oncologic treatments. However, the main focus of this study is in surgical care, and thus, we had to accept that detailed analysis of adjuvant therapies remains imprecise.

These points have been specified in brief in the manuscript in "Patients and methods; Neoadjuvant treatment and adjuvant chemotherapy"; lines 2-6, and Table 1(highlighted in yellow).

Reviewer's comment:

"4. Regarding the steps of the operation, I need to know why are you routinely removing gallbladder?"

Response:

In our opinion, it is more feasible to remove all the lymphoid tissue around the hepatoduodenal ligament along with the gallbladder. Moreover, when the vagal trunks are transsected (with the esophagus), the risk for all the denervated gallbladder -related complications increase (cholecystitis, common bile duct stones etc). Many patients survive for years after gastric cancer surgery and may meet with these problems. To avoid further biliary procedures, the gallbladder is removed in the primary operation.

<u>Responses for the comments marked in the manuscript:</u>

Language certificate: please see above, provided.

Statements for ethics approval, informed consent, biostatistics, conflict-of-interest and data sharing have been revised (highlighted in yellow). According documents are attached.

Five key words listed (gastric surgery and clinical practice added, highlighted in yellow).

Audio core tip recorded and attached.

Blanks between reference numbers in the text have been removed (highlighted in yellow).

Figure 1 has been sent as a separate powerpoint file.

I sincerely hope that you consider our manuscript eligible for publication in World Journal of Gastroenterology.

Best regards,

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