**Reply to comments**

**Reviewer #1:**

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Did the Authors find a relationship between CRP and Sofa score change in Sofa with in 72 hrs if so discussing this would make paper better.

Well written and designed. Limitations adequately discussed

**Reply to comment:** Thank you for your advice. We evaluated the APACHE II score in surgical ICU, and discussed this in manuscript. I am sorry that the SOFA score was not evaluated in surgical ICU, and because of the retrospective nature, we cannot add this content in manuscript. I am very sorry for that.

**Reviewer #2:**

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** 1. The authors' study of CRP levels at ICU admission and ICU LoS in GC patients after major surgery indicated promising results. 2. The authors must consider several factors that affect CRP. 3. What factor should we be concerned about if we want to use CRP levels to predict in other wards?
**Reply to comments:** CRP level can be affected by cancer and the therapy. In the fully adjusted model, age, gender, laparoscopic surgery, emergency surgery, cancer site, ICU readmission, tracheotomy, CRRT therapy, and APACHE II variables were all adjusted and the results also showed a statistical difference. As we demonstrated in the discussion part, although we confounded many factors by multivariate logistic regression analysis, CRP levels may still be a predictor for other unknown processes. Models with combined risk factors and biomarkers may add the predictive value for prolonged ICU LoS or mortality, which remain to be established in future studies.