

Peer Review File

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Reviewer A:

The manuscript is comprehensive and well written.

I would only add a therapy flowchart. I believe that the authors adopt a tailored approach based on staging. It is unclear; however, which cases may benefit from surgery alone e.g.

Reply: We added a therapy flowchart (Figure 6). Patients who benefit from surgery alone are those with early gastric cancer who do not meet the criteria for endoscopic resection – tumor is less than 2 cm and confined to the mucosa (see Page 5 line 14).

Reviewer B:

Current Management of Gastric Adenocarcinoma

Novo Y et al. summarized the latest findings on gastric adenocarcinoma to surgical resection, therapeutic strategies, biomarkers etc., which is interesting and important point to manage gastric cancer (GC). I expect the recent therapeutic advance and important gene/protein of GC when read the Abstract. However, the text is not readable, because Tables and Figures showing above are lacking (p12-16), giving confusion of which one is important to manage of GC.

I do not deny the photos of Fig 1-5, but the authors should summarize the points of page 12-16 using some additional Tables or Figures. For instance, summarized Tables showing perioperative chemotherapy and effects, microsatellite instability and chemotherapy, immune checkpoint, etc are most helpful to understand this review article for readers.

Reply: the abstract has been We summarized pages 12-16 and added Table 1.

Reviewer C:

The authors describe current management of gastric adenocarcinoma. Early detection is very important for treat the gastric adenocarcinoma. Figures may have scale bars.

Reply: Endoscopy, CT, and OR images, as opposed to histology images, do not tend to have scale bars.

Reviewer D:

Thorough review of the current literature of the management of gastric adenocarcinoma. Excellent addition to the current literature