

Peer Review File

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Reviewer A

It is a large sample size study and the results are a worthwhile one.
I also think the study design is almost appropriate.

In line 118, the non-abbreviated form of "SRC" is needed.
In Table 1 and 2, N1-3 cases are included in the eligible cases, do they match the definition of early gastric cancer? Please provide additional comments about this in Materials and methods section.

Reply 1:

Thank you very much for pointing out the problem. We have modified our text as advised(see line118, the red font).

In Table 1 and 2, N1-3 cases are included in the eligible cases, they match the definition of early gastric cancer. Early gastric cancer refers to cancer tissue infiltration limited to the mucosal layer and submucosa, regardless of the presence of local lymph node metastasis. We have provided the additional comments about this in Materials and methods section (the red font) and added relevant references (the red font).

Reviewer B

This study fundamentally lacks in the classification of older patients, since the classification of WHO classifies as "old patients" (please do not use the term "elderly" since it is a derogative term) patients with equal or more than 65 years old. For this reason, the Authors should re run the statistical analysis with the right cut off and rewrite the entire paper.

Reply 2:

Thank you very much for pointing out the problem. This is of great significance to our research.

Many other articles also define "elderly" as a patient aged 75 years and older. Uehara H et al. divided the patients aged 75 years and above into the elderly group, and the patients under 75 years old into the non-elderly group, and compared the clinical features and prognosis of the two groups. 1 Kakiuchi Y et al. divided 75-79 years old patients into the elderly group, and ≥ 80 years old patients into the very elderly group. 2 Therefore, we also used this term "elderly" in the paper and similarly included elderly patients aged 75 years or older. However, we will carefully consider the problem you pointed out and try to avoid it in the future. We also will consider your suggestion carefully and a subgroup (patients with equal or more than 65 years old) analysis based on age will be considered in future study.

We choose the patients aged 75 years and older as research subjects for the following reasons:

First of all, population aging has become one of the important social changes in the world in the 21st century. In China, the problem of an aging population is particularly acute. 3,4 Gastric cancer ranks fourth in terms of incidence, and is the fifth leading cause of cancer mortality worldwide, with an estimated approximately 1.1 million new cases and 770,000 deaths in 2020.5 Therefore, with the aging of China's population, the incidence of elderly patients with gastric cancer is increasing, and there are few data on the treatment and prognosis of gastric cancer in patients over 75 years old. Our study was designed to assess treatment patterns and prognosis in this segment of old patients (≥ 75 years) with gastric cancer.

The second, we believe that early diagnosis and treatment of gastric cancer is particularly important to improve the survival and prognosis of the elderly. And Lauren's classification is widely used in predicting prognosis of GC. According to previous studies, the clinical significance of Lauren's classification is diverse in patients of different ages and T stages. 6 However, the prognostic implications of Lauren's classification in elderly EGC patients remain largely unknown.

The third, a recent study analyzed the difference in prognosis between diffuse-type and intestinal-type gastric adenocarcinoma and revealed that diffuse-type gastric adenocarcinoma showed an overall poorer prognosis than the intestinal type.7 But the study did not focus on older people. Our objective was to investigate the characteristics and clinical implications of Lauren's classification in elderly EGC patients, and the results were somewhat different from previous study. We found that diffuse type was mainly distributed in female patients with more poorly differentiated/undifferentiated components and similar prognosis compared with intestinal type in age 75 and older EGC patients. Therefore, endoscopic resection may be suitable for both diffuse and intestinal type in elderly EGC patients. This has certain significance for guiding clinical treatment. Endoscopic resection may be a better choice for elderly patients at or over

75 years old with early gastric cancer, especially those who cannot tolerate surgery.

References:

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