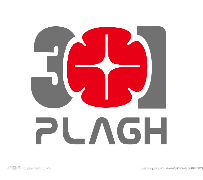
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Chinese general hospital of People’s Liberation Army

Department of general surgery

Mar 31th,2025

**Cover letter**

Professor Pietro Ghezzi

Editor-in-chief

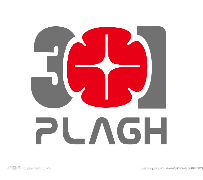
Frontiers in Immunology

**DearEditorsof*Frontiers in Immunology*:**

On behalf of all authors, I am pleased to submit our original manuscript titled **“Development and validation of nomogram for predicting pathological complete response to neoadjuvant chemotherapy and immunotherapy for locally advanced gastric cancer: A multicenter real-world study in China”** for consideration in Frontiers in Immunology. This study aligns with the journal’s focus on advancing immunological research and its translational applications in oncology.

Neoadjuvant immunotherapy combined with chemotherapy (NICT) achieves a significantly higher pathological complete response (pCR) rate than chemotherapy alone in locally advanced gastric cancer (LAGC). Recent efforts have increasingly focused on predicting pathological response to neoadjuvant therapy using preoperative laboratory indicators, radiomics, immune microenvironment analysis, and other advanced approaches. However, there remains a lack of predictive models specifically designed to assess pathological efficacy in LAGC patients undergoing NICT.

Here, we conducted a multicenter retrospective study to develop a nomogram incorporating preoperative radiological response, laboratory indicators, and pathological characteristics to predict pCR in LAGC patients who underwent gastrectomy following NICT. This model aims to provide a valuable tool for identifying sensitive populations and guiding personalized treatment strategies.456 patients who



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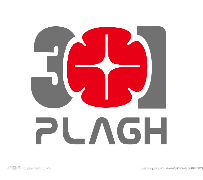
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accepted radical gastrectomy after NICT in **seven large-scale gastrointestinal medical centers** from Jan 2020 to Jan 2025 were enrolled in this study, with 320 patients in the training set and 136 patients in the validation set. There was no significant difference in the baseline characteristics between training and validation set. The pCR and MPR rates were respectively 16.2% and 39.5%. Complete response by abdominal enhanced CT, less diameter of tumor bed, non-signet-ring cell, ages≥70 years old, and CEA＜4.25 ng/mL were proved as the independent predictors for pCR (P＜0.05). The nomogram model showed that the AUC (95%CI) predicting the pCR were 0.862 (95% CI: 0.807-0.916) in the training set and 0.934(95%CI: 0.889-0.979) in the validation set. Furthermore, Decision curve analysis indicated a clinical net benefit from the nomogram. Nomogram model based on the above indicators could provide satisfactory predictive effect for the pCR in LAGC patients with NICT, which prove to be a valuable approach for surgeons to make personalized strategies.

The manuscript has not been published before and is not being considered for publication elsewhere. All authors have contributed to the creation of this manuscript for important intellectual content and read and approved the final manuscript. We declare there is no conflict of interest.

We sincerely appreciate your time and consideration of our work. We look forward to the opportunity to contribute to Frontiers in Immunology and are happy to address any

additional questions or revisions as needed.



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**Yours sincerely,**

Bo Wei (Chief physician, Professor, Corresponding author)

Hao Cui (Resident, First author)

(On behalf of co-authors)