Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled "Elderly patients over 80 years undergoing colorectal cancer resection: Development and validation of a predictive nomogram for survival" reports a clinical study that collects 295 elderly CRC patients' information to build a nomogram and predict the overall survival of elderly CRC patients (> 80 years). The authors determined eight patient factors for nomogram construction and followed machine learning requirements (60% of data for model construction and 40% of data for validation). Then the model was further validated using the concordance index, area under the receiver operating characteristic curve and calibration plots. The manuscript is well written and easy for understanding. The below lists several suggestions the authors may need to consider.   1. The first sentence in the introduction section, "The world's population is aging at a faster rate", is this true? Does this sentence express the meaning accurately?   2. The last sentence in the first paragraph of the introduction section, the reference is lacking.   3. In the materials and methods section, "Data from the American College of Surgeons – National Surgical Quality Improvement Program (ACS-NSQIP", is there a website that can be accessed for validation or a reference?   4. The conclusion section can be improved, to summarize and present the full story of the work.   5. The quality of figures can be improved.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 82045

Title: Elderly patients over 80 years undergoing colorectal cancer resection: Development and validation of a predictive nomogram for survival

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06194445

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Singapore

Manuscript submission date: 2022-12-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-08 14:49

Reviewer performed review: 2023-01-17 07:34

Review time: 8 Days and 16 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I have reviewed the manuscript carefully. The authors made a great work for contracting the nomogram model to evaluate the risk factors and predict the prognosis of elder CRC patients. And the nomogram showed effect predictive value. However, this research has some controversial or unclear points which need to discuss. 1, In Result, Clinical and surgical characteristics, the article stated that "None of the patients received adjuvant chemotherapy". However, most cases in this study were stage III and stage IV colorectal cancer patients, please provide the reasons why those patients not received adjuvant chemotherapy. According to clinical practice guidelines for colorectal cancer, elder CRC patients still can receive appropriate adjuvant chemotherapy. 2, In Supplement Table 1, Method of operation, minimally invasive surgery group have better prognosis compared to open surgery group. However, in discussion, authors explained that "laparoscopic colorectal resection was not demonstrated to impact OS in elderly CRC patients". Please explain this point. 3, In this research, the rate of the anastomotic fistula is 2%. But I think that those patients who not receiver anastomosis operation (such as Hartmann's procedure) should be excluded. 4, Lymph node metastasis is one of the prognostic

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factors in patients with colorectal cancer. The stage III CRC patients should be further analysis. 5, In Supplement Table 1, Stoma, do stoma group have worse prognosis compared to not-do stoma group, please explain related reasons.