

Reviewer #1:

Specific Comments to Authors:

1. A Frailty assessment tool perhaps the author can recommend based on study(ies) comparing the different tools, and which tool has stand out?

Response: Dear Reviewer, based on our experience, we aim to refrain from singling out a specific assessment tool and elevating it above others. Our perspective is that determining the most suitable frailty assessment tool depends on the unique requirements of the healthcare setting, the resources available, and the expertise of the assessors involved. Emphasizing factors such as reliability, validity, and feasibility within the given context is crucial in this decision-making process. Furthermore, we advocate for the consideration of combining multiple tools or approaches, as this approach may yield a more comprehensive understanding of frailty in the elderly population. Our detailed insights on this matter are elaborated in the discussion section.

2. “Early identification of frail patients can enable the implementation of personalized interventions to optimize their perioperative care, reduce potential complications, and enhance overall outcomes” – Although there are different/multiple domains under the Frailty definition, would the authors give some or cite studies where pre-operative interventions given did improve outcomes in colorectal (or other) frailty patients after surgery (or did this preoperative intervention did no effect even after identifying a patient frail. For example, patients with preoperatively identified poor nutrition, would you cite how outcomes can be improved.

Response: We are grateful for this insightful suggestion. We have now provided reference for two studies (one being a systematic review) that suggests that pre-operative interventions to improve frailty do improve post-operative outcomes.

3. Is there clinical implication for frailty during the consent-decision making of the patient/surgeon- so risks can be further discussed preoperatively?

Response: We are thankful to the reviewer for this excellent suggestion. We have now included a paragraph in the discussion section.

4. “The findings of our review have profound implications for the operating room nursing staff.” – As you mentioned that this is a collaborative effort, it is more practical to generalized to health care team rather than putting only the spotlight to the OR staff. Similar in the Introduction, “Nurses must develop a keen ability to

assess and recognize frailty in these patients.” The whole surgical/ medical team should have collaborative efforts to recognize frailty.

Response: We agree with the comment and have made the necessary changes.

(1) Science editor:

The background in the abstract is too simple. Please supplement more information.

Response: We thank you for this comment. We have expanded the background section in the abstract.