

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 88881

Title: Impact of frailty on short-term postoperative outcomes in patients undergoing colorectal cancer surgery: A systematic review and meta-analysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05388269

Position: Peer Reviewer

Academic degree: MD, RN

Professional title: Assistant Professor, Attending Doctor, Doctor, Nurse, Research Assistant, Staff Physician, Statistician, Surgeon

Reviewer's Country/Territory: Philippines

Author's Country/Territory: China

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Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-01 06:20

Reviewer performed review: 2023-12-10 16:22

Review time: 9 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I commend the authors for such an interesting topic involving outcomes after colorectal surgery in frail patients. Manuscript is easy to understand, and is well written. Just a few points or comments maybe to add in the Discussion or authors comments: 1. A Frailty assessment tool perhaps the author can recommend based on study(ies) comparing the different tools, and which tool has stand out? 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.



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: office@baishideng.com
<https://www.wjgnet.com>

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