

01/16/2024

RESPONSE LETTER

Dear Editors,

We thank you and the reviewers for the time and effort vested in improving the quality of our manuscript titled "Frailty and Outcomes in Nonagenarians Undergoing ERCP: A Comprehensive National Study" submitted to the World Journal of Gastrointestinal Endoscopy.

Please see our point-by-point response to all the reviewer comments below. These comments have also been incorporated in the manuscript and the manuscript has been added appropriately. Furthermore, the manuscript has been revised again thoroughly for grammatical errors and to ensure the accuracy of reporting. While uploading the revised manuscript, we deleted the redundant files and uploaded the new ones where necessary.

Please feel free to reach out to me at any time regarding the manuscript.

Thank you.

Best Regards,

Dushyant Singh Dahiya, MD
Division of Gastroenterology, Hepatology and Motility,
The University of Kansas School of Medicine
3901 Rainbow Boulevard
Kansas City, Kansas, USA 66160
Email: dush.dahiya@gmail.com
Phone: (678) 602-1176

POINT-BY-POINT RESPONSE TO REVIEWER COMMENTS

Reviewer 1

Comments to the author:

1. The paper is well written, but the style is somehow colloquial. Can the Authors work on this?

Author Response: We would like to wholeheartedly thank you for taking the time to review our manuscript. We highly appreciate your effort and enthusiasm in helping us improve the quality of our work. Please note that the manuscript has been revised appropriately based on your comments. Furthermore, we have also revised the manuscript again to thoroughly for grammatical errors and to ensure the accuracy of reporting of the data.

2. There is a significant difference in the length of hospital stay (+1.2 days) and medical expenses (+2400\$) for frail patients vs non-frail ones. Two comments:

A. The values referring to medical expenses are likely reversed.

Author Response: Thank you for raising an excellent point and drawing attention. Please note that the length of hospital stays in frail patients compared to the non-frail patients was (6.7 days vs 5.5 days; $p < 0.001$). and the mean total hospital cost for frail individuals is \$80,490 compared to \$72,878 for non-frail individuals. The same changes have been made to the manuscript.

B. The differences in the length of hospital stay and medical expenses are statistically significant, but what about their actual relevance? Can the Authors revise the Discussion to better clarify the difference between this study to previous ones?

Author Response: Thank you for raising an excellent question. Based on the literature and clinical experience, we believe that the observed numbers underscore the clinical significance of frailty, as they contribute to a notable increase in both healthcare costs and burden. Previous studies have shown a similar association between frailty and healthcare utilization post ERCP. We have made appropriate changes to the manuscript.