

**Reviewer's code: 03537163**

**We revised the section entitled "Laparoscopy in CRC of the elderly" and included it in the paragraph "Therapeutic options for CRC in the elderly". We also updated the references and included the works that you suggested.**

2. Why did not you use a summary tables reporting morbidity, mortality, survival of the various works cited? I think it would be easier to understand the real postoperative benefit who undergo treated patients compared to those not treated.

**As suggested, we added a summary table with data on morbidity, mortality, and survival of the studies cited in the paper.**

3. Finally, established that chronological age is not a contraindication to surgery, but elderly patients inevitably have a higher postoperative morbidity rate, it would have been reasonable to make a wider discussion on preoperative factors to take into consideration for the therapeutic decision.

**We revised the paper including further discussion in the paragraph "comorbidities and complications" on preoperative factors and comorbidity indices that could influence the choice of treatment.**

**Reviewer's code: 03003312**

**We revised the manuscript and changed the order of subheadings as suggested.**

What I'm also missing in this article are 2 things:

1. Is there a difference between colon cancer and rectal cancer since the operations and their morbidity/mortality rates are known to be different. Is rectum surgery as safe in the elderly compared to colon surgery?

**We included in the text more information about the role and safety of rectum surgery.**

2. Have we changed our opinion on the role of surgery in the elderly compared to ten years ago, what direction are we heading.

**We included some statements about future directions of surgery in the elderly in the conclusions of the manuscript**