

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors use a meta-analysis to study frailty and prognosis in elderly patients undergoing PCI. The results are convincing with detailed analysis. I think it is a wonderful and well-described paper, but I have one question about the following. #1) Regarding in-hospital mortality, you mention that the ORs are slightly different between retrospective and prospective studies. Please explain if there is any possible explanation for the slight difference between the two methods, although there is not a big difference.

Response: Thank you for your thoughtful and positive feedback on our manuscript. We appreciate your keen observation and would like to clarify further the slight differences in odds ratios (ORs) for in-hospital mortality between retrospective and prospective studies in our meta-analysis.

The observed slight differences in ORs between retrospective and prospective studies could be attributed to several factors despite the consistent association between frailty and in-hospital mortality. We acknowledge that variations in study designs, patient populations, and methodologies may contribute to nuanced differences in effect estimates.

Retrospective studies rely on historical data and may be subject to inherent biases related to data collection and documentation practices. On the other hand, prospective studies, by their nature, involve real-time data collection and standardized protocols, potentially providing a more accurate reflection of the studied outcomes.

Retrospective studies may include a broader range of patients over an extended period, leading to potential heterogeneity in patient characteristics. Prospective studies, with their predefined inclusion criteria, might exhibit a more homogeneous patient population.

While these factors may explain the slight variations in ORs, it is crucial to emphasize the overall consistency of the observed association between frailty and in-hospital mortality across both study designs. The convergence of results from different study types reinforces the robustness of our findings.

We appreciate your insightful review and will ensure that the manuscript reflects a clear understanding of the potential sources of heterogeneity in effect estimates

between retrospective and prospective studies. We have included the information briefly in the text.

Thank you for your valuable feedback.