

Title of the Manuscript: **The role of enhanced recovery after surgery in elderly patients with non-small cell lung cancer who underwent video-assisted thoracic surgery (VATS)**

Type of the Article: Retrospective case-control study.

---

#### A.- Review Comments:

##### A.1.- Compulsory revision comments:

1. - The title of the article is suitable, and reflects the main subject of the manuscript. It is left to the discretion of the authors to reduce its length.

Reply: Thank you for your suggestion.

The title of the article is appropriate, there is no need to shorten the length, thank you for your valuable suggestions.

2. - The Abstract of the article is suitable also. But, when the authors describe the control group sample, they should not describe that 327 patients were “analysed”, since as explained in Figure 1 and Table 3, only 85 control cases were compared, after homogenization of them. This issue is relevant and should be modified, omitting details of homogenization in the Abstract, which lead to misunderstandings.

Reply: Thank you for your suggestion.

Dear reviewers, thank you very much for your review of our research paper and your valuable comments. As for the description of the control group samples you pointed out, we are deeply sorry for the trouble you caused.

We apologize for the omission in the description of 327 patients that did not clearly indicate that only 85 control cases were compared. We do have a problem with inaccurate descriptions and have corrected this in the revised paper. In the paper, we emphasize the homogenization of control samples to make them more comparable in comparison to avoid possible misleading.

With regard to the suggestion to omit homogenizing details in the summary, we are well aware of the importance of this issue. In the revised abstract, we paid special attention to how to more clearly express the treatment of control samples to ensure that readers can accurately understand our study design and results when reading the abstract. We believe that this amendment can eliminate potential misunderstandings and improve the accuracy of the information in the paper.

Once again, we apologize for this oversight and thank you for your correction, which is essential to enhancing the scientific credibility of our research. We have fully revised and reviewed the relevant parts of the article to ensure that the concerns you raised are properly addressed. We look forward to your reviewing our paper again and seeing your comments fully reflected in the revised version. Thank you again for your professional review and suggestions.

3.- The selected keywords seem to be appropriate. It seems useful if the authors could include the term “Perioperative Care” as a keyword (“MeSH” category created in 1998, see PubMed), instead of “perioperative management”.

Reply: Thank you for your suggestion.

We have replaced the corresponding vocabulary according to your request, thank you again for your suggestion.

4.- The introduction allows us to establish the frame of reference. The manuscript is important for scientific community, and has a fair level of novelty. Authors could be less aggressive by modifying the term "inadequate" to "remains uncertain".

Reply: Thank you for your suggestion.

We have replaced the corresponding vocabulary according to your request, thank you again for your suggestion.

5.- The subsections and structure of the manuscript are appropriate to facilitate reading of the manuscript. The Material and Methods section includes an exhaustive description of the groups, as well as their complete statistical comparison (some of them reported into the Results section), which strongly supports the hypothesis.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

6.- The manuscript presents a certain degree of creativity, including details about technical aspects which may be useful for thoracic surgeon community.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

7.- There are some results, taking into account the limitations commented by the authors, that provide some evidence, and support the authors' conclusions. Scientific significance of the discussion and conclusion in this manuscript are fair.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

8.- The figures and tables presented are of interest and value.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

9.- This work applies biostatistics, and limitations are presented at the end of the manuscript.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

10.- The international system of measurements “units” does not have enough interest in this article.

Reply: Thank you for your suggestion.

This study does not cover the description of the corresponding content, thank you again for your valuable advice.

11.- The bibliographic references used are sufficient. Only about 9% of citations have been published within the previous 5 years, which implies that it is novel to use this recovery technique in this type of patients. In fact, their recruitment took place between May 2015 and April 2017 (completed 7 years ago), and only 85 out of 327 (26.0%) patients recruited for the control group were included. Despite all the limitations attributable to the "impact factor" indicator, their cumulative impact factor is higher than > 360.

So, the effort of the bibliographic search is appreciated by the reviewer.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

12.- The manuscript is scientifically correct, and good. This is a case-control study of representative but retrospective samples, with moderate quality of homogenization of the cohorts. Its level of evidence is 3b or 3c. And its recommendation is graded as level B, according to the Center for Evidence-Based Medicine, in Oxford. And then, the authors conclusions have a moderate-high certainty, and the benefit of the manuscript is moderate. Therefore, the publication of the paper seems to be useful for the scientific community in this field.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

#### **A.2.- Minor revision comments:**

.- English language quality of the article is suitable for scholarly communications.

Reply: Thank you for your suggestion.

Thank you very much for your recognition of the level and quality of our manuscript. We will continue to revise the manuscript and successfully be hired and accepted. Thank you again for your comments.

.- Abbreviations into the title should be avoided, for example, “VATS”.

Reply: Thank you for your suggestion.

We have modified the corresponding content according to your comments, thank you again for your comments.

.- The first time the abbreviation appears in the text, it must be reflected in the text with abbreviation between brackets, for example "RMB" in the abstract. The entire document must be reviewed in this sense.

Reply: Thank you for your suggestion.

We have modified the corresponding content according to your comments, thank you again for your comments.

#### **A.3.- Additional suggestions or others comments:**

14.- This work does not apply ethical aspects.

**B.- Competing Interest:**

.- I declare as a reviewer that I have no competing interest.

**C.- Evaluation:**

.- Conclusion: Minor revisions. So, I encourage authors to improve the manuscript with these simple suggestions, to be evaluated for publication.

.- It will be my honor to review the modified document again if the editorial board deems it appropriate, for its favorable report for publication.

**D.- Reviewer Details:**

Name of the Reviewer: Pérez-Holanda, Sergio.

Department of Reviewer: Assistant of Regional Health Councill, Principality of Asturias.

University or Institution of Reviewer: Regional Health Counsell. Calatrava Building. Oviedo, Principality of Asturias.

Country of Reviewer: Spain.

Position: (Professor/lecturer, etc.) of Reviewer: PhD, MD.

Email ID of Reviewer: [perezholandas\(a\)gmail.com](mailto:perezholandas(a)gmail.com)

WhatsApp Number of Reviewer: Not Applied

5-8 Keywords regarding expertise of Reviewer: Gastroenterology, oncology, experimental carcinogenesis, surgery, digestive, colorectal cancer.

Reviewer's Code: 03003554, World Journal of Clinical Cases

-----  
Manuscript NO 89770 (2 pages).