

The Abstract part

1. In the results section

The classification criteria for "BMI" is not clear (whether it is an Asian standard or a global standard), and it is recommended that the basis for classification be specified.

Our response:

We added the BMI classification in the methods section of the abstract, and it is highlighted in red font color.

2. In the results section

Are the results related to gender and, if so, please state

Our response:

Gender is among the variables analyzed in the study and reported the proportion of males in the study.

Core Tips Section

3. "Our study provides valuable regional insights into perioperative characteristics and prognostic factors in older CRC "patients" and "valuable" are subjective words, which are suggested to be deleted.

Our response:

We deleted the mentioned words and rephrased the above sentence as suggested.

Materials and Methods section

4. In the patient recruitment section

In "Data collection will be traced from the patient's folder record", "traced" is suggested to be changed to "extracted". I'm going to use the word "extracted". I'm going to use "traced"

Our response:

We changed to 'extracted' as suggested.

5. In the statistical analysis section

There is an error in the tense in "Statistical Package for Social Science (SPSS) version 27 will be used", "will be used" should be "was used", and the tense of the full text should be unified to the past tense.

Our response

Thank you for the comment. All the grammatical errors and tense were corrected in this section.

6. In the statistical analysis section

The experimental data can be written in the above when introducing the relevant methods required for this experiment

The specific types of postoperative complications (such as anastomotic leakage, pneumonia, wound infection, etc.) are not reported, but only Clavien-Dindo classification is reported, which is recommended to be added.

Our response:

We have added the data that was analysed as categorical and those that were analysed as numerical. The postoperative complications considered in this study were based on the finding

from previous published articles.

Results Section

7. In the section on Patient Demographics and Baseline characteristics carcinoembryonic antigen was not indicated in "CEA".

Our response:

We have clarified that "CEA" refers to carcinoembryonic antigen in the Patient Demographics and Baseline Characteristics section.

8. In the section on Pathology and surgical information

Due to the age of the elderly, different factors affecting the surgical method are suggested to write

Our response:

We have now elaborated in the revised manuscript that surgical decisions in elderly CRC patients were influenced by comorbidities, frailty, nutritional status, and functional reserve. For example, patients with multiple comorbidities or poor nutritional/functional status were more likely to undergo open surgery.

9. In the section on Pathology and Surgical information

The reason for the N0, N1, and N2 distinction is not suggested here, nor is it stated whether the M stage is based on preoperative imaging or postoperative pathology

Our response:

We have clarified that the distinction between N0, N1, and N2 follows the AJCC 8th edition TNM classification, reflecting the number of metastatic lymph nodes identified on postoperative histopathology. Regarding the M stage, we have specified that it was determined based on both preoperative imaging (CT scan) and subsequently confirmed by postoperative histopathology where available.

10. In the section on Pathology and Surgical information

Key survival data, such as median follow-up time, loss to follow-up rate, and Kaplan-Meier curves, were not provided in the recommendation improvement results section

This article mentioned "5-year survival" several times, but the key survival data such as median follow-up time, loss to follow-up rate and Kaplan-Meier curve were not provided in the results section, which could not verify the rationality of "5-year survival".

Our response:

Due to limitations in the retrospective dataset, we were unable to calculate median follow-up time or generate Kaplan–Meier curves, and this has been acknowledged as a study limitation.

11. In the postoperative characteristics section

The specific types of postoperative complications (such as anastomotic leakage, pneumonia, wound infection, etc.) are reported instead of Clavien-Dindo classification, which is recommended to be supplemented

Our response:

As the retrospective dataset did not consistently record the specific types of postoperative complications, we reported complications using the validated Clavien–Dindo classification, which provides a standardized and widely accepted method of assessing surgical morbidity. This limitation has been noted in the revised Discussion

12. In the postoperative characteristics section

The 30-day mortality rate was suggested to exclude the risk of this experiment

Our response:

The 30-day mortality data were not consistently available in the retrospective records, we were unable to include this analysis. We have acknowledged this as a limitation in the revised Discussion

Discussion Section

13. It would be better to give some examples of the comorbidities and potential functional limitations associated with CRC

Our response:

In the revised Discussion, we have expanded the description to include common comorbidities (e.g., hypertension, diabetes, ischemic heart disease, and chronic kidney disease) and functional limitations (such as frailty, impaired mobility, malnutrition, and sarcopenia) that often complicate management in elderly CRC patients

14. There is a significant association between recurrence and follow-up. It is recommended to write this association more clearly

Our response:

We have revised the Discussion to state explicitly that recurrence was significantly associated with adjuvant therapy and follow-up status, highlighting the importance of consistent surveillance and treatment adherence in improving outcomes.

15. First of all, please explain whether the reference to the higher mortality rate of men than women does not contradict the above statement that the cure rate is independent of gender; Secondly, please explain whether the mention of the higher incidence of Chinese than Malays is contrary to the above statement that the cure rate is not related to race

Our response:

We have clarified in the revised Discussion that differences in incidence and crude mortality rates (e.g., higher in men and in Chinese patients) do not necessarily translate into differences in survival probability once treatment is initiated. Our study found no statistically significant differences in cure rate or survival by gender or ethnicity, which indicates that while incidence varies, treatment outcomes are not dependent on gender or race in our cohort.

16. It would be better to illustrate the significant association between adjuvant therapy and cancer recurrence

Our response:

We have expanded the Discussion to emphasize that patients receiving adjuvant therapy had a significantly lower risk of recurrence, consistent with previous evidence supporting the benefit of

adjuvant chemotherapy in elderly CRC patients.

Icon section

17.table1 format is not aligned

Our response:

Thank you for the comment. We have now corrected in the revised manuscript