Dear editor,

Dear reviewers,

Thank you for your time reviewing our manuscript.

Please find below a detailed point-by-point response to each of the issues raised in the peer-review report(s):

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors:

Authors presented their opinion scientifically.

REPLY: Thank you for your comments.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

This manuscript discusses the need to integrate frailty into risk assessment tools and underscores the importance of comprehensive frailty evaluation for informed decision-making in PCI. And study creatively proposed stepwise assessment of the elderly frail patient in table 1. The research focuses on the
challenges that elderly patients with frailty often face in clinical practice and has good application value. However, some contents in the manuscript are too tedious and repeated, so it is suggested to simplify. For example, line 64-68 (Frail individuals may experience higher rates of adverse events, longer hospital stays, increased postoperative complications, and a higher risk of mortality compared to non-frail individuals [2,3]. Frailty is associated with decreased physiological reserves, making elderly patients more susceptible to the stresses of PCI and less likely to recover quickly [4].) and line 69–73 (The frailty status of these individuals is closely linked to higher rates of adverse events, extended hospital stays, increased postoperative complications, and elevated mortality risk compared to non-frail counterparts. The physiological reserves of frail patients are diminished, rendering them more susceptible to the stresses associated with PCI procedures and less likely to achieve a swift recovery [5].) are somewhat similar, and line 82-84 (In current clinical practice, the recognition of frailty's substantial influence on PCI outcomes prompts a shift toward more personalized and informed decision-making.) and line 89–91 (Recognizing the substantial impact of frailty on the outcomes of elderly patients undergoing PCI offers valuable insights for optimizing care in this vulnerable population.) are a little alike. In view of these contents, it is suggested to simplify, merge and modify.

REPLY: Thank you for your comments. We kept the lines 64 – 68, as an introduction to what it is going to be analysed later in the manuscript. We have removed the lines 69–73, based on your advice. We retained the lines 82–84 and we have modified the lines 89–91.

Reviewer #3:

Scientific Quality: Grade E (Do not publish)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection
Specific Comments to Authors:

Most part of the manuscript is without any references

REPLY: Two more references have been added (ref 9 and 10). The rest of the manuscript is a proposed stepwise algorithm by the authors.

Editorial Office’s comments. Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are provided below:

(1) Science Editor:

1 Scientific quality: The authors submitted a letter to unveil the crucial layers of frailty in elderly patients. The topic is within the scope of the journal.

(1) Classification: Grade B, Grade C, Grade E;

(2) Summary of the Peer-Review Report: This manuscript discusses the need to integrate frailty into risk assessment tools and underscores the importance of comprehensive frailty evaluation for informed decision-making. And this study creatively proposed stepwise assessment of the elderly frail patient. The research focuses on the challenges that elderly patients with frailty often face in clinical practice, and has good application value.

(3) References recommendations: The reviewer didn’t request the authors to cite improper references published by him/herself.

(4) Manuscript Type: After verification, the manuscript type is "Letter to the Editor".

2 Specific comments

(1) Country/Territory of origin: Cyprus.

(2) The language classification is Grade B, Grade B, Grade B. Please visit the following website for the professional English language editing companies that we recommend: https://www.wjgnet.com/bpg/gerinfo/240.
**REPLY:** Thank you for your suggestion. The manuscript has been professionally edited and the certificate has been uploaded.

(3) Manuscript Title:

The title should not include any abbreviations.

**REPLY:** We provide in full the abbreviation PCI and therefore we had to modify slightly the title of the manuscript.

Except for capitalization of the first word, all other words are represented in lowercase (excluding specific words such as Crohn’s disease).

**REPLY:** done

If a title contains a colon, please capitalize the first letter of the first word after the colon. For example: Unexplained fetal tachycardia: A case report.

(4) Please add the “Author list”.

Author names (unabbreviated) should be given as first name, middle name initial (with no period) and family (sur)name and typed in bold with the first letter of each capitalized.

**REPLY:** Done

(5) Authors and institution(s): Please add the city and postcode after the affiliate. Examples for authors name and institutions are:

Yi-Fan Chang, Tao Liu, Chong-Qing Wei, Wei-Long Chang, Department of Gastrointestinal Surgery, The First Affiliated Hospital of Zhengzhou University, Zhengzhou 450052, Henan Province, China

**REPLY:** Done

(6) Author contributions: The author’s names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, Bryan L Copple should be revised as Copple BL.

**REPLY:** Done

(7) The “Key Words” does not meet the requirements:
The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon, with no terminal period. An example of correct formatting is: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Insulin resistance; Oxidative stress.

REPLY: Done

(8) Core Tip. Abbreviations must be defined upon first appearance in the Core Tip.

REPLY: Done


REPLY: We are using ZOTERO for the references and we cannot modify each reference independently from the software. This is the format the software provided to us, based on the predefined BPG option.

(10) Tables. The title needs to be bolded.
Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

REPLY: Done

(11) Abstract. Abbreviations should be avoided, but if used should be spelled out at first mention.

REPLY: Done
3 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

(2) Company Editor-in-Chief:

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

REPLY: Done