

Peer Review File

Article information: <https://dx.doi.org/10.21037/ccco-23-102>

Reviewer A

Comment 1: In methods explain the aims of the review.

Reply: Thank you very much for your valuable comment. We have incorporated the feedback into our updated manuscript draft.

Changes in the text: We have added the aims of the review in the methods section as advised (see Page 3, lines 87-91).

Comment 2: Figure 1 is what I expected to read in the manuscript. I suggest to clarify better according to the figure 1.

Reply: Thank you very much for the valuable comments. We have modified the manuscript as recommended.

Changes in the text: We have reorganized the sections under “8. Components of prehabilitation programs (PPs)” and added a paragraph to summarize the content and link it to Table 1 for better clarity (see Pages 13-15, lines 478-550). We have also included a more detailed caption for Figure 1 to enhance the clarity (see Page 24, lines 829-834).

Reviewer B

Comment 1: You refer to “studies” with only one literature citation couple times. Please check and revise.

Response: Thank you very much for your valuable comment. The following lines have been revised:

- **Page 6 Lines 177-178:** “Other multimodal regimens may include medical risk factor optimization or geriatric assessment and intervention (3).” **Replaced with** “Other multimodal regimens may include medical risk factor optimization or geriatric assessment and intervention (3,4).”
- **Page 13 Line 456:** “**Studies show** that when psychosocial assessments and advance care planning are used in combination with exercise and diet-based approaches, there is an improvement in frailty.” **Replaced with** “**It has been shown** that psychosocial assessments and advance care planning are used in combination with exercise and diet-based approaches, there is an improvement in frailty.”
- **Page 14 Lines 484-485:** “**Current studies show active** attention to perioperative fluids **reduces** mortality to 3.8%, blood loss to a median number of blood transfusions of two or less, and preserves renal function with only 3% showing a significant increase in creatinine values (59).” **Replaced with** “**Active** attention to perioperative fluids **has been shown to reduce** mortality to 3.8%, blood loss to a median number of blood transfusions of two or less, and preserves renal

function with only 3% showing a significant increase in creatinine values (59)."

- **Page 14 Lines 512-513:** "However, **available studies** are inconsistent regarding whether this reduces morbidity." **Replaced with** "However, **current study findings** are inconsistent regarding whether this reduces morbidity."
- **Page 17 Line 594:** "**Studies show that translating** clinical innovations into practice takes 17 to 20 years, with less than half making it into widespread use (72)." **Replaced with** "**Translating** clinical innovations into practice takes 17 to 20 years, with less than half making it into widespread use (72)."

Comment 2: This should be Reference #73. Please check and revise.

595 disease, and plasma BCAA levels are reduced post LR. As such, preoperative BCAA
596 supplementation can prevent ascites and pleural effusion by maintaining osmotic
597 pressure and improving albumin metabolism, reducing the risk of complications and
598 LOS (74). It is a possible area for exploration in PPs.↵

Comment 3: Reference #22 and #23 are the same. So do #19 & #60 & #70 and #28 & #47.

Comment 4: Change "present" in Table 1 to July 2023.

Timeframe↵	Inception of database to present↵
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Comment 5: Please change the initials in Table 1 to match the author list.

Selection process↵	The search and selection of articles were conducted by primary authors EQT, HPNW, JJDW and MYQL. These were then reviewed by senior authors YFT and VGS.↵
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Response 2-5: We have made the necessary edits.