

Peer Review File

Article Information: <https://dx.doi.org/10.21037/jgo-21-838>

Reviewer A

Comment 1: Age does not have to be reported in two decimals, it has no real meaning.

Reply 1: We have modified our text.

Changes in the text: Page 3, L68

Comment 2: The introduction needs to focus on CRC, all other cancer can be deleted.

Reply 2: We have deleted it.

Changes in the text: Page 3, L68

Comment 3: In the method section it says conventional laparoscopy, was it not laparotomy?

Reply 3: It was our spelling mistake, sorry.

Comment 4: Reporting the number of patients receiving chemo in the method section is incorrect. It should be in results. Also, to expect a statistical difference between the groups with 4 vs 18 patients is unlikely.

Reply 4: We have significant modified to the methods and results.

Changes in the text: Page 4, L 93-119

Comment 5: Definition of outcome is unclear.

Reply 5: We have significant modified to method including definition of outcome.

Changes in the text: Page 4, L 93-119

Comment 6: It is not easy to understand the reported ratios of sex.

Reply 6: We have significant modified to the results.

Changes in the text: Page5 , L140 –Page6, L175

Comment 7: The median hospital stay of 12 and 18 days, is very long. Far longer than what is standard in today's age. Why is that?

Reply 7: In Japan, patients are generally discharged home. We believe that the length hospital stay was longer because this study was conducted on elderly patients.

Comment 8: The listing of results is rather unconventional.

Reply 8: We have significant modified to the results.

Changes in the text: Page5 , L140 -Page6, L175

Comment 9: How long was the follow-up, and how was it defined?

Reply 9: We have significant modified to method, and we explained in it.

Changes in the text: Page 4, L 93-119

Comment 10: In discussion you report shorter op time, but the results say otherwise.

Reply 10: It was reported to be shorter than LAP, but in this study, it was comparable to laparotomy.

Comment 11: References are lacking in the discussion, where you report on the background for HALS.

Reply 11: We added reference 19.

Add text: Page 12, L349 350-

Reviewer B

Nice study on the benefit of HALS vs CL in elderly >80 years with colon cancer.

Design and conclusions are strong.

I have the following questions/comments:

Comment 1: Any patients underwent emergency colon resection? If so, did this influence outcomes.

Reply 1: Patients underwent emergency colon resection were two cases in the CL group. One patient of which had a poor preoperative condition and died of short-term, the other patient survived more than five years without recurrence.

Comment 2: Authors show improved survival in their HALS cohort. In the discussion, I recommend discussing and reconciling randomized trials showing non-inferiority to laparoscopic approach.

Reply 2: We added reference 20, and we concluded that age and postoperative complications may have affected the survival rate.

Add text: Page 12, L351 - 354

Reviewer C

The authors present a retrospective cohort study of 72 patients aged 80 years or older who underwent conventional laparotomy (CL) vs 30 who had hand-assisted laparoscopic surgery (HALS) for colorectal cancer primary resection.

In hospital benefits were found for the HALS group as were survival benefits.

Comment 1: In the abstract conclusion, considering the numbers, you could state hand-assisted laparoscopic surgery 'could' be considered rather than 'should'.

Reply 1: We have modified our text as advised.

Changes in the text: Page2 , L58 Page9, L245 L259

Comment 2: Results: rather than state 'and this difference was not significant (NS)' please place the test statistic used and the p value in the ().

Reply 2: We have modified our text.

Changes in the text: Page5 , L140 -Page6, L175

Comment 3: Can the authors expand why one group had CL and the other HALS?

The significant difference in survival makes one think that there was a significant difference in the preoperative health of the patients in the two groups.

I don't doubt the difference in survival, I just find it hard to attribute it to surgical technique, and so I ask what else is there different between the two groups.

Reply 3: The surgical technique was selected by surgeon's specialty technique.

As this was not an RCT, we cannot exclude the possibility that patient background factors may have affected the survival rate. We added reference 20, and we have added that cannot exclude the possibility that patient background factors may have affected the survival rate.

Add text: Page 8 , L227-234