Reviewer’s report

Title: The effects of prehabilitation versus usual care to reduce postoperative complications in high-risk patients with colorectal cancer or dysplasia scheduled for elective colorectal resection: study protocol of a randomized controlled trial

Version: 0 Date: 30 Oct 2017

Reviewer: David Jenkins

Reviewer’s report:

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General comments

This is a very worthwhile study that describes an important means of improving outcomes for CRC patients undergoing surgery.

I feel that the authors need to do a couple of things to their manuscript. First, there needs to be a more specific identification of the limitations of those studies that have been published previously in the area. Though the authors allude to problems with the work of Bruns and Moran and they state that more high-quality studies are needed (line 3, page 4), it would be helpful if there can be a more specific explanation of how this study will differ to these previous papers (and thus significantly advance the field).

Second, I do agree that 9 sessions of exercise will significantly improve the fitness of older adults who have very low baseline levels of fitness. However, Dunne et al used 12 sessions of interval training in their study. Therefore, there needs to be a statement somewhere in the methods stating that the present interval training (which presumably involves participants alternating between 60% and 90% VO2peak for 40 minutes in each session) does differ to that of Dunne but that it is expected that there will nonetheless be significant improvements in fitness. There is ample evidence in the HIIT literature showing that improvements result from as few as 6 sessions (see Gibala’s work).

Minors comments include the need to state that the two gas analysis systems to be used (at the two sites) are the same and that they will be calibrated. It probably doesn't matter if they are different systems, but they do need calibration etc.

Also, can it be assumed that the same therapist will take all the strength measures (which presumably will be done at the two different sites also)?
Dunne et al had a sub-group analysis of high risk patients; I am assuming that this study can also do this.

Finally - are there any obvious limitations to the study that need to be identified? All studies have them……

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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