Author’s response to reviews

Title: Controlling nutritional status (CONUT) score as a preoperative risk assessment index for older patients with colorectal cancer

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Professor Menard A.
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Controlling nutritional status (CONUT) score as a preoperative risk assessment index for older patients with colorectal cancer

Please find enclosed our revised manuscript entitled, “Controlling nutritional status (CONUT) score as a preoperative risk assessment index for older patients with colorectal cancer,” which we are submitting again for publication in BMC Cancer.

We believe our manuscript has been improved substantially. Our point-by-point responses to the Reviewer’s comments are provided below.
We look forward to hearing from you at your earliest convenience.
Sincerely yours,

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Response to the Reviewer’s comments
GENERAL COMMENTS: The manuscript has significantly improved. I’d like to thank the authors for the adaptation made based on the reviewers' comments.

Thank you very much!

ADDITIONAL REQUESTS/SUGGESTIONS:

However, I do think that BMI should be included in the analysis as a categorical parameter rather than continuously.

Thank you for your comments.

We already included BMI in the analysis as a categorical parameter, not as a continuous parameter. That is, patients were divided into two groups, BMI≥25 and BMI<25, which we described in the Methods section (page 6 line 9) and Table 1. However, it might be difficult to understand for the readers like you. Thus, we added the description in the Methods section (page 8 line 11 -12).

Even if BMI was included as a continuous parameter in the analysis, the results were similar. Associations between each index and overall survival were as follows. For CONUT score, CCI, and ACE-27, as scores worsened, OS also significantly worsened, when adjusting for the covariates (CONUT score: 2/3 versus 0/1, HR = 1.29, ≥4 versus 0/1, HR = 2.10, ≥4 versus 2/3, HR = 1.64; CCI: 3 versus 2, HR = 1.69, ≥4 versus 2, HR = 3.21; ACE-27: severe versus moderate, HR = 1.82). In contrast, for NIA/NCI and ASA-PS, OS did not significantly worsen even when general condition worsened.

In addition, for associations between each index and postoperative complications, multivariate analysis showed that CONUT score ≥4 was an independent predictor of postoperative complications (OR = 1.96).