Reviewer’s report

Title: FEASIBILITY AND ACCEPTABILITY OF PRE-OPERATIVE EXERCISE TO IMPROVE PATIENT OUTCOMES AFTER MAJOR CANCER SURGERY: STUDY PROTOCOL FOR A PILOT RANDOMISED CONTROLLED TRIAL (PEPA TRIAL)

Version: 0 Date: 20 Dec 2017

Reviewer: Declan Dunne

Reviewer's report:

Aim

This manuscript describes a study seeks to describe the feasibility and acceptability of an exercise trial prior to major cancer surgery (though this should be changed to talk specifically about cytoreductive/pelvic extenteration).

Summary

This is a paper describing an already recruiting small feasibility RCT. The paper needs revision. Mainly to remove needless words and phrases throughout. There are a few other specific points I have highlighted, though as the study is already recruiting it may not be feasible to address. Overall I like the study and think it will be interesting to see the results.

Major Concerns

1. Unpublished results are included in the introduction. This is not appropriate.

2. The proposed aim of feasibility in major cancer surgery should be changed - as quite aptly there are a number of references pointing out its feasibility. I would say that the feasibility of exercise intervention/prehabilitation has not been explored in patients prior to cytoreductive or pelvic extenteration surgery.

3. The criteria excluding participants if they already exercise is not helpful. Surely it should be can the program deliver added benefits? From experience patients who already exercise tend to be some of the most committed during such a study. This also limits the generalisability of the study.
4. Taking consent and then… Explaining the study in more detail (last a paragraph eligibility) is not best practice - I would rewrite this.

5. I am not sure the exercise intervention will be of sufficient intensity to deliver significant benefit in the very limited time period available. See
   a. Anael Barberan-Garcia et al
   b. Dunne et al (your references - BJS)

6. I would consider recording the post-operative morbidity score on day 5. I think this would be useful. As a score, it gives an assessment of how much impact a complication has had, fitness doesn't always stop complications but it does serve to minimise their impact.

Minor Concerns

1. There are needless descriptor words, which make the manuscript read poorly. E.g - first paragraph of introduction "highly radical" "enormous burden". Please carefully read manuscript and remove needless descriptors.

2. The second sentence of the introduction adds no value to the manuscript, I would remove.

3. Second paragraph - please do not personalise the manuscript - Just say a recent systematic review rather than we undertook. There are multiple personalisation's throughout the manuscript please remove.

4. Figure 1 doesn't make sense - Baseline assessment - 2-6 week preoperative??? - is that an exclusion criteria - what does it mean?

5. First line or eligibility criteria - please change to. "The inclusion/exclusion criteria are listed below" - the current sentence implies they do not have the capacity to decline to participate.

6. You do not need to reference clavien-dindo twice for the complications.

7. Remove the word shredded.

8. In discussion please change large scale to phase 3.
**Level of interest**  
Please indicate how interesting you found the manuscript:

An article of importance in its field

**Quality of written English**  
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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**Statistical review**

Is it essential that this manuscript is seen by an expert statistician? If so, please give your reasons in your report.

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