Reviewer’s report

Title: Association between delivery methods for enteral nutrition and physical status among older adults

Version: 0 Date: 15 Aug 2019

Reviewer: Kris Mogensen

Reviewer's report:

This was a very interesting retrospective cohort study evaluationg outcomes (death or bedridden) in patients with NGT vs PEG for long-term enteral nutrition. I have a few questions and comments that I hope will help to strengthen your manuscript.

1. I did not see any formal evaluation of presence or absence of malnutrition. Were these patients evaluated by a nutrition professional and did they classify any degree of malnutrition? If not, could you apply something simple such as the GLIM criteria to have some assessment of nutritional status? BMI is helpful, but albumin is a poor measure of nutritional status in ill patients.

2. For daily dose of enteral nutrition, it would be much more meaningful to report the % of energy and protein requirements, rather than the volume of formula infused. Since enteral formulas vary, the difference of volume of formula infused may be meaningless if the NGT patients were receiving a 1 kcal/mL formula vs the PEG patients receiving a 2 kcal/mL formula. As a clinical nutritionist, the volume of formula isn't particularly helpful if we don't know what kind of formula was infused. Reporting % of nutritional requirements met will be much more helpful to determine if one route of feeding was more effective than the other.

3. In table 2, you report out death and bedridden separately, but in table 3, you reported out your combined outcome of death + bedridden, but only bedridden alone. For table 3, could you also do analysis for death alone, or are there not enough patients to have anything meaningful? if so, would state that somewhere in the manuscript.
4. In your discussion, you mention that PEG patients may be fed more consistently than the NGT patients, but your table 1 does not support this; the higher BMI may be an indicator for more enteral nutrition volume as you mention in the next paragraph, but then it's not really a normalized comparison. If you can't get % energy and protein delivery, perhaps a mL/kg body weight would help to make for a more appropriate comparison.

5. In regard to patients who resumed oral intake, are there speech-language pathologists or swallowing specialists who evaluate the patients? Were some receiving therapy or were some told that they would never regain swallowing function? I also wonder if having an NGT in place is a motivator to improve oral intake, in an effort to get the NGT removed?

Overall very nicely done and look forward to seeing a revision.

**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?**
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I am able to assess the statistics

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