

Peer Review File

Article Information: Available at <http://dx.doi.org/10.21037/ales-20-98>

Review Comments

I would like to congratulate the authors for this editorial. They discuss the potential benefits of the ERAS protocol during the COVID-19 pandemic. It is well written and the different headings make it easy to read.

However, I do have some concerns that need to be addressed:

Comment 1 The introduction is focused on the SARS-CoV-2 infection and its related complications, and then in a different paragraph the authors mentioned the potential benefits of the ERAS protocol, regardless the pandemic. It needs some connection and stating an objective. Are you going to talk about the benefits of the current program, as it is, or going to suggest some modifications that could improve ERAS during the pandemic? It is not clear enough

Reply 1 Agreed and thank you. I have added a new opening paragraph to make this area clear and put in to perspective how these two themes – ERAS and CV-19 – are relevant within the rest of the editorial

Changes in the text: Over the last decade, the improved delivery of high quality colorectal surgery has been possible due to advances in surgery and perioperative medicine, typified by the application of multidisciplinary, evidenced based care within initiatives such as Enhanced Recovery After Surgery (ERAS) Programmes. In this editorial we will suggest an increased relevance of ERAS and how its benefits may be extended to mitigate some of the serious problems **in the current health crisis** caused The Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2 or COVID-19) COVID-19 pandemic.

Comment 2 Prehabilitation is a key point to discuss here. How can we improve this?

Reply 2 I have added in two sentences to address this and included diet and psychological support with a new reference

Changes in the text: However, it is feasible to run online exercise classes for patients to improve their preoperative fitness and these resources should be harnessed. In addition, it must not be forgotten that prehabilitation also wider remits such as dietary improvements and also psychological support, and there is current interest in the latter [22] which is also feasible to supply remotely, such as with support classes or one to one interactions

Intraoperatively:

Comment 3 * It is not clear at the beginning of the first paragraph that the authors are comparing volatile anaesthesia vs. TIVA.

Reply 3 This has been explained and contextualized.

Changes in the text: This has rekindled the debate as to the optimum general anaesthetic - volatile or TIVA - for patients undergoing oncological surgery.

Comment 4 * The first sentence of the last paragraph needs a reference.

Reply 4 This has been added in. (It is worth noting that much of this advice was on websites of professional organizations and has now been removed/updated)

Comment 5 - Postoperatively: This is a key point that deserves more discussion. What are the independent factors/elements from the ERAS program that have a direct influence on LOS? And what are the implementation barriers? (stoma, laparoscopic approach, pelvic surgery, ...) Attention should be focused on them, specially during the pandemic, where the goal is to reduce hospitalization.

Reply 5 The independent factors have been included and expanded and moved to the final paragraph as they contain preoperative, intraoperative and postoperative elements and fit nicely with a summary of future focus/aims

Changes in the text: Aarts' paper reminds that optimal recovery is significantly associated with laparoscopic surgery and overall compliance with ERAS recommendations. Other areas independently associated with optimal recovery were colon instead of rectal surgery and surgery for cancer compared with inflammatory bowel disease or diverticular disease. Delayed recovery was associated with preoperative anaemia, older age, ASA status of greater than 2 and creation of a stoma. [32]

Comment 6 In the conclusion, the sentence 'Kehlet focuses our attention on... with a los LOS'. This could perfectly fit in the discussion.

Reply 6 This has been moved as recommended to the discussion of postop issues.