Revisor A:

Q1) Question addressed, but for the common reader it is still difficult to
understand why the Authors couldn’t produce, at least, a similar number
for consecutive “non-intervention” (conventional population) data. With
this limitation, the Authors should also limit their generalization in the
Conclusion.  In the Abstract , the Authors’ conclusion is a bit too strong as there is
no data (statistical or inferential) to support “demonstrating its
feasibility in our country”. At most, the Authors may only support the
first part of the feasibility in their Centre.

Resposta: A propensity score matching has been performed, which resulted in homogenization of the 2 groups (now with similar number of patients and characteristics). The conclusion has been corrected: “This study showed that the implementation of the ERAS® program was possible in Hospital Beatriz Ângelo, with a positive impact in the immediate postoperative recovery of colorectal patients.”

Q2&3) P-POSSUM score was not validated in the Portuguese population, and it
is currently a score that overestimates the probability of mortality in the
overall surgical population. Not a good justification for the difference in
the pre-operative risk of the 2 populations compared.
The Authors have thus not justified how can they compare 2 different
populations (statistically different) and come to the conclusion that ERAS
program was able to produce the good results observed. This is a critical
selection bias for all the analysis that ensues, specifically as these
confounding issues impact directly on the outcomes measured. One statistical
tool would be to do propensity score or risk-adjusted analysis (according to
the same level of co-morbidities) of the 2 populations.
A regression analysis was performed (no table shown) to justify the
confounding issues, but due to the intrinsic clinical connection of the
pre-operative co-morbidities and the outcomes assessed, I believe that a
propensity study could better prove the Authors hypothesis.

Resposta: As per your suggestion, we performed a propensity score matching taking into consideration the variables that were different between the pre-ERAS and ERAS group (diabetes, respiratory disease and ASA score). The article had been updated with the new results.

Q4,5&6) Comment addressed

Q7) Addressed

Q8&9) Comment addressed

Q10) Scientific method is testing hypothesis to see if the
observations prove them true or false, they should not be stated in
manuscripts as “success”… nor failures. .

Resposta: Corrected in the article.