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Reply to reviewer's comments:

1st Reviewer

Reviewer's code: 00506058

Comments to authors:

The study aimed to assess the development and implementation of the Integrated Rapid Assessment & Treatment Pathway in the management of patients with fecal incontinence and its impact on patients' care. The study is well designed, the manuscript is well written and new data have been provided.

Authors reply:

We would like to thank the reviewer for the time taken to review the paper and for their feedback

2nd Reviewer

Reviewer's code: 03647761

Comments to authors:

The article from is aimed to review the role of endoanal ultrasonography in the patients with fecal incontinence. This procedure needed experienced

physicians and special equipments. It could not apply in the community hospitals. Unfortunately, the authors did not show the cost-effectiveness of the study.

Authors reply:

Thank you for the time taken to review the paper and for the feedback. The aim of this paper was **not** actually to “review the role of endoanal ultrasonography in the patients with fecal incontinence” as the second reviewer has suggested. As the first reviewer (**viewer’s code:** 00506058) has kindly and correctly explained, the study aimed to assess the development and implementation of the Integrated Rapid Assessment & Treatment (IRAT) Pathway in the management of patients with fecal incontinence and its impact on patients’ care. Endoanal ultrasound was one of the many tools used to help evaluating patients with fecal incontinence, and indeed it was available to both arms of this study (i.e. study group and control group).

The reviewer has stated, “This procedure needed experienced physicians and special equipments. It could not apply in the community hospitals.” The aim of this study was not to advocate for management of patients with fecal incontinence in community hospitals, but to assess the impact of the IRAT pathway on the quality of care provided. This have been said, this study was **not** performed in a tertiary referral center and the ultrasound machines used are widely available and the experience is easily transferable to other community hospitals. Also, we compared the difference in the quality of care provided to patients with fecal incontinence when managed by colorectal surgeons with special interest in fecal incontinence (IRAT pathway) and other colorectal surgeons in general (standard pathway). While a colorectal surgeon with special interest in fecal incontinence may not be available in all community hospitals, colorectal surgeons in general are usually available in these hospitals.

While we agree with the review that a “cost-effectiveness study” would be interesting and it would indeed be the next step in evaluating the value of the IRAT pathway implementation, this study aimed at assessing the feasibility of implementing the IRAT pathway and its impact on the quality of the patients’ care including clinical improvement (primary endpoint) and patients’ satisfaction and time period required to complete management (secondary endpoints), rather than cost effectiveness.