



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 89439

**Title:** Diagnostic tools for fecal incontinence: Scoring systems are the crucial first step

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02155135

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Slovakia

**Manuscript submission date:** 2023-10-31

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-11-06 08:46

**Reviewer performed review:** 2023-11-15 13:47

**Review time:** 9 Days and 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Dear Authors, I read with interest the editorial of Liptak P et al. Diagnostic tools for fecal incontinence: scoring systems are the crucial first step on the manuscript “New objective scoring system to clinically assess fecal incontinence” published in WJG by Garg et al in 2023. The manuscript is well written and the reading flows easily. In my opinion, the first part that offers a view on fecal incontinence is too long while the comments should be clearer and more in-depth including observations on the methodology. For example, the sentence “Disputable point could be considering the type of incontinence (urge, stress) on the same level as a symptom in this questionnaire. Although it provides high added value for the evaluation of incontinence it is possible to discuss that liquid incontinence could be more connected with stress phenotype rather than urge and thus asymmetrically provide higher severity numbers in these cases.” Need to be better explained. Moreover, although this questionnaire proposed by Garg et is promising al, it lacks more conspicuous evidence of validity regarding their psychometric properties, content, structural, and construct validity. Furthermore, how long does it take to be filled in? I agree with the Authors that to comprehensively evaluate all possible pitfalls



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of this new scoring system more clinical studies are needed.