

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Orthopedics*

**Manuscript NO:** 66293

**Title:** Liverpool Carpal Tunnel Scoring System to Predict Nerve Conduction Study Results: A Prospective Correlation Study

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

**Peer-review model:** Single blind

**Reviewer's code:** 05680010

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2021-03-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-26 09:11

**Reviewer performed review:** 2021-03-26 13:06

**Review time:** 3 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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## **SPECIFIC COMMENTS TO AUTHORS**

The authors demonstrate a new score to define the severity of CTS. Clinical diagnosis and severity are often discussed in literature to determine treatment strategies and the necessity of further analyses such as NCS. The authors therefore assess their score consisting of clinical symptoms and risk factors. Although not very creative, it is relevant for daily clinical routine. The presented data is clear, and the manuscript is well written. I have some minor aspects: I think it would be interesting for the reader to see the correlation of your score and your treatment. E.g. if a score of 9 was met I guess immediate decompression was performed. Can you add some treatment strategies according to the reached score? Where would you draw the line between conservative and operative treatment? Do you only use NCS or further analyses (Ultrasound etc)

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**Reviewer's code:** 05992820

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor

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

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2021-03-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-26 01:53

**Reviewer performed review:** 2021-04-04 04:41

**Review time:** 9 Days and 2 Hours

Scientific quality	<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
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<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
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## SPECIFIC COMMENTS TO AUTHORS

The study entitled "Carpal Tunnel Scoring System to Predict Nerve Conduction Study Results: A Prospective Study" Comments: There are many points for major revision and concern for usefulness of this tool in a real-world practice. 1. It is highly recommended to use the TRIPOD checklist to write this manuscript because this is a prediction model study. Therefore, it is necessary to follow this checklist to improve quality of the report of the study. 2. Title: identify the study as a developing or validation prediction model/screening tool. 3. Introduction: Previous predictors from other studies are not well stated. 4. Introduction: The authors need to make it clear in this part regarding usefulness of this tool, such as how this tool will change practice, and in what level? Who actually need this particular tool? 5. Method: The authors need to explain regarding sample size, such as how to calculate sample size, and how many sample sizes would be required to have alpha error and beta error of 0.05 and 0.2 respectively. 6. Method: The authors need to describe inclusion and exclusion criteria. 7. Method: How was this scoring system acquired? The authors created themselves or taken from previous studies. Please explain the performance of this scoring system. 8. Method: The authors need to explain the detail of factors in this scoring system, such as the definition of Nocturnal Paresthesia. Additionally, it should be added in the footnote in Table 1. 9. Method: Why the authors use only a one-way ANOVA test to test the difference between groups? Did you use the Kruskal-Wallis test? Please explain this issue to your statistical part. 10. Method: Why the authors were not collected data about the comorbidities of the participants? 11. Result: The authors need to add the table of baseline characteristics of



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included participants in each group. 12. Result: The authors need to add the enrollment of study patients flow in each group. 13. Result: The authors should be shown the performance and diagnostic tests of this scoring system, such as sensitivity, specificity, accuracy, AuROC, PPV, NPV, positive likelihood ratio, and negative likelihood ratio. 14. Result: Please show effect size and 95%CI of CTS score comparing with each group. 15. Discussion: Please provide the strengths of this study. Additionally, the authors should be descript the suggestion in practice. 16. Conclusion: You recommended that "Use of our simple scoring methods can determine patients with moderate and severe CTS and in these patients, we recommend not using NCS. Patients scoring less than 8 may have mild or moderate CTS and, in these patients, we recommend the use of NCS." Can you provide the relevant evidence to support your recommendation? 17. Other comments: Need English editing.