Qeios

Peer Review

Review of: "Adding a Bedside Hiatal Sign to POP-Q: A Hypothesis-Generating Anatomical-Support Phenotyping Framework for Female Pelvic Floor Disorders"

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This is an interesting and potentially useful conceptual paper. The idea of adding information about hiatal support to POP-Q is clinically relevant. The proposed staged approach to validation is also reasonable.

However, I have concerns about what the proposed W measure adds to current clinical assessment and about the length and complexity of the manuscript.

1. Existing studies have already shown that POP-Q GH and GH+PB are related to hiatal dimensions/ballooning and prolapse recurrence. Therefore, it is not clear what additional information W provides.

The authors should clearly explain:

- What does W measure that GH or GH+PB does not?
- Why is a new bedside measure needed?
- Does W provide information beyond GH, GH+PB, and imaging-derived hiatal area?
- If W is intended to assess deeper hiatal accommodation at rest, how is this different from existing measures?

The proposed validation studies should specifically test the incremental value of W over existing measures, rather than simply showing that W is associated with hiatal dimensions or prolapse outcomes.

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2. I suggest being cautious with the terms “functional” and “phenotype.” W is currently a palpation-based measure of hiatal accommodation. It is not yet clear whether it reflects hiatal anatomy, tissue compliance, pelvic floor support, or a combination of these.

It has also not been shown to measure pelvic floor function. Therefore, terms such as “combined anatomical-support profile” may be more appropriate until W has been validated.

3. The manuscript is too detailed for a hypothesis-generating Perspective. The main concept is relatively simple but is difficult to identify because the manuscript repeatedly discusses POP-Q, GH, LHA, and W.

The extensive biomechanical discussion and detailed statistical and methodological recommendations also make the paper read more like a research protocol.

4. The three scenarios are useful for illustrating possible hypotheses. However, the treatment-response hypotheses are more speculative. These should be clearly presented as exploratory hypotheses, rather than suggesting that W could currently guide treatment selection.

The detailed sample sizes, effect sizes, statistical thresholds, and reporting guidelines are also unnecessary at this stage and could be simplified or moved to a table/supplement.

5. W measurement and three-finger threshold: The detailed description of the three-finger threshold and examination technique seems premature for a conceptual paper.

I would suggest presenting the continuous W measurement as the primary research variable and the W+/W- classification as a provisional research construct.

Overall recommendation

Major revision with substantial condensation.

Most importantly, the authors should clarify the unmet clinical need that W addresses and why it is needed when GH and GH+PB already provide clinically relevant information about hiatal distension and prolapse risk.

The strongest contribution of the paper is the concept of adding a hiatal/support dimension to POP-Q. Whether W is the appropriate measure to provide this additional information remains to be demonstrated.

Declarations

Potential competing interests: No potential competing interests to declare.