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Peer-Review Report

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# Peer Review of “Assessment of SARC-F Sensitivity for Probable Sarcopenia Among Community-Dwelling Older Adults: Cross-Sectional Questionnaire Study”

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Anonymous

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**Related Articles:**

Preprint (medRxiv): <https://www.medrxiv.org/content/10.1101/2023.10.31.23297840v2>

Authors' Response to Peer-Review Reports: <https://med.jmirx.org/2025/1/e77497>

Published Article: <https://med.jmirx.org/2025/1/e54475>

*JMIRx Med* 2025;6:e78552; doi: [10.2196/78552](https://doi.org/10.2196/78552)

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**Keywords:** sarcopenia; neuromuscular; screening; community; scale; measure; questionnaires; diagnosis; gerontology; older adults; muscular

*This is the peer-review report for “Assessment of SARC-F Sensitivity for Probable Sarcopenia Among Community-Dwelling Older Adults: Cross-Sectional Questionnaire Study.”*

## Round 1 Review

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### General Comments

The authors [1] present an intriguing and clinically valuable finding through their receiver operating characteristic (ROC) curve analysis, suggesting that a SARC-F (strength, assistance with walking, rising from a chair, climbing stairs, and falls) score of  $\geq 2$  may serve as a new cutoff value for screening probable sarcopenia. This conclusion has significant potential for improving clinical practice by enhancing early detection.

However, the study is based on a relatively small sample size of 204 community-dwelling older adults, and it is unclear if the data were collected from a single center. This limitation raises concerns about the generalizability of the findings to a broader population. I believe the authors could strengthen their argument by conducting additional analyses to address these limitations and provide more robust evidence.

### Major Comments

1. Introduction: Add a discussion on current research gaps (eg, sarcopenia screening) and clearly explain how your study addresses these gaps.

### Conflicts of Interest

None declared.

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### References

1. Propst D, Biscardi L, Dornemann T. Assessment of SARC-F sensitivity for probable sarcopenia among community-dwelling older adults: cross-sectional questionnaire study. *JMIRx Med*. 2025;6:e54475. [doi: [10.2196/54475](https://doi.org/10.2196/54475)]

2. Methods: Include additional clinical outcomes such as muscle function, sarcopenia-related symptoms, or quality of life, and compare how thresholds of  $\geq 2$  and  $\geq 4$  perform in relation to these outcomes.
3. Results: Provide more detailed basic characteristics of participants and compare these between thresholds of  $\geq 2$  and  $\geq 4$ , referring to Malmstrom et al [2] for guidance.
4. Discussion: Update the Discussion to integrate insights from the new results, focusing on the implications of the revised threshold for clinical practice and your limitations.

## Round 2 Review

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Thank you for your revisions. I understand that due to the lack of relevant data, you were unable to expand your data analysis. I am pleased to see the addition of Tables 3 and 4 for the subgroup analysis; however, these two tables could be combined. Additionally, you may consider placing the ROC curves from Figures 1 and 2 into a single figure. Using software like MedCalc or SPSS to compare the areas under the different ROC curves would add more depth to the Results section.

2. Malmstrom TK, Miller DK, Simonsick EM, Ferrucci L, Morley JE. SARC-F: a symptom score to predict persons with sarcopenia at risk for poor functional outcomes. *J Cachexia Sarcopenia Muscle*. Mar 2016;7(1):28-36. [doi: [10.1002/jcsm.12048](https://doi.org/10.1002/jcsm.12048)] [Medline: [27066316](https://pubmed.ncbi.nlm.nih.gov/27066316/)]

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## Abbreviations

**ROC:** receiver operating characteristic

**SARC-F:** strength, assistance with walking, rising from a chair, climbing stairs, and falls

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*Edited by Amy Schwartz; This is a non-peer-reviewed article; submitted 04.06.2025; accepted 04.06.2025; published 25.07.2025*

*Please cite as:*

*Anonymous*

*Peer Review of "Assessment of SARC-F Sensitivity for Probable Sarcopenia Among Community-Dwelling Older Adults: Cross-Sectional Questionnaire Study"*

*JMIRx Med 2025;6:e78552*

*URL: <https://med.jmirx.org/2025/1/e78552>*

*doi: [10.2196/78552](https://doi.org/10.2196/78552)*

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