Peer Review File

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Reviewer A

1.Well written summary. Long expansion of the MIS section. I am unsure of the need for the long extension of the different types of these since many of them are not being used in routine practice and have gone of use.

Reply We conducted this review in order to a more comprehensive understanding and cognition of the surgical treatment of SUI.

2.Conservative management is gold standard before surgical management is offered. This isn't been made clear in sentences 69-71.

Reply Corrected

Changes in the text (Page2, Line 48-53) In general, when the patients complained symptoms of leakage were not heavy, which could prefer to choose non-invasive treatment methods, such as pelvic floor muscle training (PFMT), fractional CO_2 lattice laser, and electrical/magnetic stimulations. Treatments and management for SUI were graded and divided into three steps, including lifestyle adjustment, physical rehabilitation, and surgical treatments.

3.Sentences 87-91 needs clarification.

Reply Corrected

Changes in the text (Page2, Line 66) Recently, some RCTs showed that outcomes of Burch Colposuspension were less effective compared with MUS). And the Burch Colposuspension showed similar or higher rates of the incidence of complications. This review mainly focused on the MUS, so we don't talk about Burch procedures.

4.Sentences 266-267 is untrue depending on which hospital and which country who look at this in.

Reply Corrected

Changes in the text (Page5, Line 220) In fact, the usage rates about UBAs varied in different countries and hospitals.

5.291-293 is also incorrect depending on where you look at this practice

Reply Corrected

Changes in the text(Page6, Line 242-246)Above all, lower urinary tract dysfunction, especially urinary retention, is likely to occur after AVF surgery, but AF-PVS is an alternative treatment, especially for patients who with contraindications about mesh or recured after MUS.

6.324-325 needs better grammar

Reply Corrected

Changes in the text(Page7, Line 270-273)PFDs are popular all over the world,

especially SUI, which cause great harms to female. How to manage, diagnose and prevent FPDs is the core work of gynecologists.

7.325-326 is incorrect. Surgery depends on a variety of factors including patient expectations, choice and fitness for surgery.
Reply Corrected
Changes in the text(Page7, Line 273-275)
Although MUSs are seen as the gold standard for SUI, we cannot ignore the rates of the mesh-related side-effect, patient expectations, choices and fitness for surgery.

8.Check references. Some incorrectly labelled in text.
Reply Corrected

9.Overall needs some changes and the grammar of text looked into
Reply Corrected

Reviewer B
1.I am very split between reject and major changes. The challenge I face is the trying to see past all the English language inaccuracies. There are numerous issues with the English language throughout the paper. ExamplesLine 21 "tremendously physical and psychological dysfunctions were caused all over the world" Line 37 "Unlucky" Line 63 "ISD is worse than before (6)" line 87 "cockamamie" and there are many more related to word choice, formatting of sentences, and clarity of concepts.
Reply: I have corrected all the errors in sentence structure and grammar.

2. In the introduction – there are issues with the "types" of SUI – historically these are referred to as ISD and urethral hypermobility. I don't fully understand what anatomical is referring to.
Reply Corrected
Changes in the text(Page1, Line 40-44) At present, two mechanisms existed that cause SUI. The first is urethral hypermobility, where the surrounding tissues of the urethra become weak and when the abdominal pressure increases, the bladder neck and urethra cannot be timely closed, then urine leakage occurred. The second is ISD, and the latter is regarded as more boresome symptoms.

3.In the discussion, clearly, they do not have a clear understanding of the hx of treatments for SUI.
Reply Corrected
Changes in the text(Page7, Line 270-282) PFDs are popular all over the world, especially SUI, which cause great harm to females. How to manage, diagnosing, and preventing FPDs is the core work of gynecologists. Firstly we should distinguish the types of UI and the levels of the bothersome symptoms. When

conservative treatments failed, different surgical treatments should be discussed with the patients. Although MUSs are seen as the gold standard for SUI, we cannot ignore the rates of the mesh-related side-effect. Recent clinical trials of SISs showed higher cure rates, fewer complications, and lower cost, but the applications of SISs are comparatively narrowed compared with the traditional sling, so SISs still cannot be the first choice for limited sample sizes and follow-up times. Before surgery, clinicians should identify high-risk factors about VD as far as possible and inform patients of the possibility of postoperative indwelling catheters, so as to reduce doctor-patient disputes. With the continuous in-depth research and developments of surgical techniques, we believed a new chapter is emerging for the surgical treatment of female SUI.

4.Open Burch procedures were not replaced in the 1960s by laparoscopic approaches (at least in the US).
Reply Corrected
Changes in the text (Page2, Line 64-65) The Retropubic Burch Colposuspension was preliminarily conducted by John et al. which was firstly abdominal and then by the laparoscope in 1961.

5.Line 91 – MUS were firstly reported by Giordano in 1907 – in 1907 Giordano described the use of autologous tissue in a sling (might have actually been Fascia lata).
Reply Corrected
Changes in the text (Page2, Line 70) Mid-Urethral slings (MUSs) were firstly reported by Ulmsten according to the integral theory in 1995.

6.In addition in line 274 "AF-PVS was put forward in the early 20th century because of the sling is autologous rectus fascia and its biggest advantage was non-rejection". The reality is slings were described in the early 20th century, but it was not until 1970/1980 through the work of McGuire and Blavias that autologous slings had a role for the treatment of ISD only because Burch was still the most commonly performed procedure. In addition, autologous sling can be both rectus fascia and fascia lata
Changes in the text(Page5, Line 217-213) Autologous slings, which were used to treat SUI since the beginning of the last century. Fascia lata and rectus fascia are the two types in it. However, it was not until 1970/1980 through the work of McGuire and Blavias that autologous slings had a role for the treatment of ISD only because Burch was still the most commonly performed procedure.
So while the authors did a good job or regurgitating the literature I think the paper falls very short in clearly transmitting key thoughts or conclusions.The authors should be applauded for the extensive review of the literature, referencing numerous articles in the recent years.