

Peer Review File

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Review Comments

Reviewer A:

My first question is about prostate-sacral ligament" (PSL):

From the abstract alone I cannot get a clear idea of the anatomy of the ligament described.

Reply: Thank you. Inserted into the abstract In 25 out of the studied 27 males (92.6%), it starts on both sides of the median sulcus of the prostate the ligament passes lateral to the rectum being fused with the lateral margin of the mesorectum before leaving it as it thins out to be attached posteriorly similar to the uterosacral ligament.

The second objection is related to the treatment of stress incontinence to which the 22 patients under examination were subjected. What type of suspension is performed? the puboprostatic ligaments are dissected during radical prostatectomy. What type of radical prostatectomy did the patients have performed?

The procedure described seems more similar to an anterior suspension of the urethral stump.

Reply: We regret that do not have that information. This is a paper on parallel anatomy. The TFS minisling was inserted in 22 referred men who had SUI after a radical prostatectomy. The methodology is described in the original paper (1) and it is exactly the same as the female retropubic midurethral sling (1). Muctar S, Ende D, Petros P. Retropubic TFS Minisling for postprostatectomy male incontinence: First report. Urol Int 2022;106(3):249-55. [PubMed]

The correlation with chronic prostatitis seems weak to me given the multifactorial nature of the disease.

Reply: We state it is a hypothesis.

Finally, the last statement regarding simulation should be clarified.

Reply: Thank you.

See in the manuscript 2.2 Digital support for the PPL

Digital support for the PPL rectally by pressing an index finger against the posterior wall of the symphysis controlled urine loss on coughing. Control of SUI by mechanical support of a weak PPL is similar in concept to mechanical control of PUL in the female (*Figure 1* and *Video S2*).

Reviewer B:

I read with interest your article on the search for similarity in male/female pelvic anatomy and symptom pathogenesis.

The manuscript is interesting, but some points need to be addressed.

Major points:

- Please extensively revise English grammar of the manuscript

Reply: We have done so.

- I suggest dividing the two main topics in “evidence for parallel anatomy”, e.g. puboprostatic ligament (PPL) restoration and prostatosacral ligament (PSL) in chronic prostatitis

Reply: Thank you. The division is now quite clear.

- Point 4 (line 188): you reported just the number of pads because of urinary incontinence correction; it could be better to use pad weight test

Reply: Again, we took the data from the actual paper.

1. Muctar S, Ende D, Petros P. Retropubic TFS Minisling for postprostatectomy male incontinence: First report. *Urol Int* 2022;106(3):249-55. [PubMed]

- Points 5 to 7 and “Is Chronic Prostatitis (CP) a male analogue of the Posterior Fornix Syndrome (PFS)?” are confusing. Moreover, you reported the exact sentences already published in other papers (e.g. lines 211-219).

Reply: We quoted lines 211-219 from the original paper with an appropriate reference.

Finally, the reason why we can consider CP and PFS as a similar disease is not justified by reported data; I recommend finding other references to support your hypothesis.

Reply: We simply presented it as a hypothesis. The data was presented as background for the hypothesis. To prove the hypothesis would require surgical plication of the prostatosacral ligament and observing change in the results which has never been

done to our knowledge. It remains a hypothesis.

- Figure 6 has very low quality

Reply: Agree. Again we used it by permission from the original journal.

- Conclusion paragraph is quite unclear, I recommend revising it

Reply: corrected.

Minor points:

- Line 90: OAB stand for?

Reply: corrected.

- Line 104 “which is a weak or damaged puboprostatic ligament (PPL)” is not correct, please write “which is based on a weak or damaged puboprostatic ligament (PPL)”.

Reply: corrected.

- Line 112 instead “as does vaginal” you can write “like vaginal PUL support in the female”

Reply: corrected.

- Lines 117-124 are not useful; I suggest deleting the sentence.

Reply: We respectfully disagree. The comments Lines 117-124 are central to the Female Theory.

- Line 189 please use surgical treatment instead of surgical cure

Reply: Altered to successful surgical treatment.

- Line 191 please correct “high cure rates” with “high treatment rates”

Reply: We have altered to success rates.

- Line 236 I suggest “etiopathogenesis” instead of causation

Reply: Thank you. Etiopathogenesis is much better.

- Line 252 Table 1 is not correct, you probably meant Table 2

Reply: Thank you! It had actually been changed in a later version.

Reviewer C:

The video paper presents an appealing and very interesting topic. The work is of great quality and the figures are very good. Also, the English is very well both written and narrated. The second video is very explanatory. However, the first one seems more a lecture than a video paper to me. A minor comment: There is background noise at min 2:06-07 which ideally should be removed.

Reply: We will try to address this noise.

Was the (22) number of patients calculated?

Reply: No. They were all referred patients.