Peer Review File

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Review Comments-reviewer A

1) First, the title needs indicate efficacy and safety and the clinical research design of this study, i.e., a retrospective cohort study.

   Reply: Yes, we agree.

   Changes in the text: The title was modified as advised (see Page 1, line 3-4).

2) Second, the abstract needs further revisions. The background did not indicate the clinical needs for this research focus and what the knowledge gaps is on the efficacy and safety data of CIP. The methods need to describe the inclusion of subjects, the assessment of baseline clinical factors, follow up procedures, and measurements of efficacy and safety outcomes. The results need to first summarize the clinical characteristics of the study sample. Because the sample size is very small, PSA is the only oncological outcome, and the follow up duration is short, the authors need to considerably tone down the current conclusion and have comments on the limitations of this study.

   Reply: Thanks for the review comments. We revised the abstract as follows.

   Changes in the text: The background (see Page 1, line 21-25), methods (see Page 1, line 26-31), results (see Page 1, line 32-33) and conclusion (see Page 2, line 46-47) were revised respectively in the abstract according to the review comments.

3) Third, the introduction of the main text needs to clearly indicate the clinical needs for this research focus and what the knowledge gaps is on the efficacy and safety data of CIP for PCa. The authors need to describe in the real-world clinical practice, how common is CIP for patients with PCa and review related clinical guidelines to support the necessity of this treatment.

   Reply: Yes, it was unclear, and more description was added to clarify.

   Changes in the text: We added more description (see Page3, line 62-71) to clearly indicate the clinical needs for this research focus, and described the knowledge gaps on the efficacy and safety data of CIP for PCa (see Page 3, line 81-83). We added more description (see Page 3, line 78-80) to explain CIP for patients with PCa in the real-word clinical practice, and describe the necessity of this treatment (see Page3, line 63-69, 80-83) according to the latest clinical guidelines.

4) Fourth, in the methodology of the main text, please describe the sample size estimation, the assessment of baseline clinical factors and follow up procedures, and explain the PSA alone as the only oncological outcome, which is not adequate for assessing the oncological outcomes. In statistics, please describe the test of normality of continuous variables and specify the groups to be compared by using t test or other tests. This is a single-group cohort study, so most of the statistical analyses should be descriptive statistics.

Reply: Thank you for reviewer's suggestions. According to the suggestions, we have made corresponding modifications in the article. This article is a retrospective single-arm cohort study. All PCa patients without preoperative pathology who have undergone CIP were included in the study, and a total of 22 patients were finally included. Considering that not many patients with suspected localized PCa who also present with dysuria refuse needle biopsy, these 22 patients are the entire population in our department. Indeed, PSA only is not adequate for assessing the oncological outcomes (recurrence and metastasis) of PCa, and sometimes CT, MRI, ECT and even PSMA PET/CT should be performed. However, measurement of PSA is the cornerstone of follow-up after local treatment. For localized PCa patients underwent RP, PSA recurrence (biochemical recurrence) almost always precedes clinical recurrence. According to latest EAU guideline, local recurrence after curative treatment is possible without a concomitant rise in PSA level although rarely. However, this has only been proven in patients with unfavourable undifferentiated tumours. Following RP, the PSA level is expected to be undetectable (< 0.1ng/mL) in 2 months after a successful RP. Therefore, the main criterion to evaluate the efficacy of CIP in this study is that the PSA level dropped to be undetectable at 6 weeks after CIP.

Changes in the text: We modified the description (see Page 3, line 94-96) to clear the sample size estimation. We added more description (see Page 3, line 96, and Page 4, line 97-99, 135-136) to explain the baseline clinical factors and follow up procedures. We added more description (see Page 5, line 136-138) to explain the postoperative undetectable PSA level alone as the only oncological outcome. We modified the description (see Page 5, line 148-151) to describe the test of normality of continuous variables and compare the differences between the preoperative and postoperative IIEF-5 scores by using Wilcoxon rank-sum test.

Review Comments-reviewer B

1. Ethical Statement

The statement should be also added to the method section, please add.

Ethical Statement: The study was approved by the Hainan General Hospital Medical Ethics Committee (No. Med-Eth-Re[2022] 267) and conducted in accordance with the ethical standards of the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. Written informed consent was obtained from all the individual participants in this study.

115 ##Clinical information

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117 This study was a retrospective single-arm cohort study and was reviewed and approved by the

118 Hainan General Hospital Medical Ethics Committee.

The statement should be the same as the footnote.

Reply: Yes, we agree.

2. Table 1

Please add the description to the table footnote that how the data are presented in table.

PCa (n=17)	73.1±8.16	10.73±4.13	0.16±0.086	44.47±25.915	0.30±0.15	2	1	4	1
BPH (n=5)	67.8±8.23	10.82±5.15	0.27±0.108	86.42±54.940	0.15±0.070	3	1	1	0

Reply: Yes, we agree. Meanwhile, we found that the statistical methods in the table were not described in the method section. We modified the description to clear the statistical methods in the method section.

Changes in the text: We added the description to the table footnote that how the data are presented in table (see Page 12, line 389). We also modified the description (see Page 5, line 151-155) to clear the statistical methods in the method section.

3. References/Citations

Please check if the author's name matches with the citation.

277 rate even with magnetic resonance imaging - ultrasound fusion prostate biopsy (4,5). Ram et al.
278 performed robotic total prostatectomy in patients with lower urinary tract symptoms who were
279 still highly suspected to have PCa after the first negative biopsy, and the postoperative
280 pathology diagnosed 90.91% (10/11) of the patients with PCa (6). In clinical practice, some

Reply: Thank you for reminding. The full name of the author is *Ram A Pathak*.

Changes in the text: We have changed the author's name matching with the citation (see Page 7, line 221).