Peer Review File
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Reviewer A:

Comment 1: The authors report on a retrospective review of the original mult-insitutional cohort assessing the long term safety and efficacy outcomes of the mini-jupette sling placed concomitantly with an IPP. This is important to report to understand the durability of this procedure for patients to improve counseling.

Reply 1: Thank you for reviewing our manuscript.

Comment 2: the paper implies that these patients were those underwent radical prostatectomy for prostate cancer yet there was inclusion of two people who had TURP - may consider broadly referring to incontinence after prostate procedures.

Reply 2: We have changed "post-RP" to "after prostate procedures" in line 8, Page 1, and made it our topic sentence followed by the sentence "Climacturia has been reported …following radical prostatectomy"in line 9, Page 1

Comment 3: the follow up time per table 1 is in reference to time from prostate surgery, but would follow up be better assessed from time from incontinence surgery?

Reply 3: We agree. We assessed the mini-jupette outcomes by the follow-up time after the incontinence surgery. We have the follow-up time since the prostatic procedure was recorded as well, we included both in table 1 for clarification.

Comment 4: may be helpful as a reference to include comorbidities data, preoperative pad use, and complications in table 1.

Reply 4: We added 2 rows for comorbidities to table 1.

Pre-op ppd was mentioned in line 28, page 2, and complications were mentioned in lines 97 and 102, page 5 as well as late complications in line 123, page 6.

Comment 5: Table 2: the authors include the corporotomy size that was made during the operation - do the authors feel that this can impact outcome?

Reply 5: The corporotomy size is very important because it determines the length of the graft. This corpotomy size and discussions on technique though is really beyond the scope of this long term followup article and discussed in the original manuscript

Comment 6: The authors comment on subjective improvement of the climacturia/SUI - they note that this is not a standardized PROM but what measure did they use to assess this? chart review? specific question?

Reply 6: The patients were specifically asked on their subjective improvement at time of follow-up visits. This is stated in the abstract, methods section, line 5 and methods section, page 5, line 10.

Comment 7: do the authors feel that the patient mean BMI being lower had an impact on the improvement of outcomes - would a higher BMI lead to different outcomes?

Reply 7: It is certainly possible but beyond the scope of this article.

I think from a future directions standpoint, it's important to understand the impact of a removal/replacement of a device and if this level of improvement in symptoms can be reproducible with redoing a mini-jupette. It would be difficult to assess a correlation because of the numbers, but were the ones who underwent radiation the individuals who had persistent SUI?

We appreciate these comments and it is important to understand the role of radiation history of the outcomes of the mini-jupette sling. Unfortunately, our series is too small with only 4 patients receiving radiation to attempt to draw any conclusions on this. We also cannot draw any conclusions on the impact of device removal/replacement and revision of the mini-jupette sling as no patients in this series as revision of the mini-jupette sling. There are also a lot of factors that would contribute to the difficulty of this including patient related factors and the type of sling used (mesh vs biologic).

Reviewer B:

Comment 1: This is an article on long-term efficacy and safety of mini-jupette sling.
Although the technique is not common, this report adds some important safety information in the field of postoperative ED.
Reply 1: Thank you for reviewing our article.

Major
Comment 2: In the previous report, the authors had accrued patients with post-prostatectomy ED plus climacturria and/or SUI. However, in page 4, line 91, the author mentions that "climacturia was present in 18 (78%) men preoperatively". Please explain the discrepancy between previous inclusion criteria and this percentage.
Reply 2: The rest of the patients had SUI without climacturia as patients with a history of climacturia and/or SUI were enrolled.

Comment 3: The mini-jupette sling technique is not clear to the readers. Illustration or schema of the technique would help us understand the technique.
Reply 3: The goal of this article is to provide long term follow-up data, earlier studies described the technique of the surgery which is beyond the scope of this article.

Comment 4: Line93-94 is a repetition of line 90-91.
Reply 4: They are 2 different facts but with the same numerical values.
78% percent of the patients had climacturia. While 78% of those who had climacturia had it resolved.
Changed the wording of lines 93-94, page 5 to make it more clear.

Comment 5: Line114-115 is a repetition of line 90-91. (same as above)
Reply 5: Patient satisfaction is a subjective measure based on the patients' answer for the improvement and not necessarily complete resolution of climacturia.

Comment 6: In line132-135, the author mentions that they advised SUI patients to partially inflate the pumps. Is the improvement in SUI due to half-inflated IPP? Please clarify the percentage of patients who

partially inflated IPP.

Reply 6: Improvement is reported with partially inflated pumps. Since our last report, patients with bothersome SUI are asked to partially inflate their pumps especially those with persisting SUI.This varied some between surgeon practices and we did not collect this specific piece of data to know exactly how many partially inflated cylinders at all times. The mechanism of action of the sling is that when the cylinders are inflated it tensions the sling which is sutured to the corporotomy so if they have SUI that is bothersome, partially inflating the cylinder can provide improvement in continence at all times without giving an obvious erection.

Minor:

Comment 7: In the abstract, PPD and IPP first appear in line16. Please spell out these words.

Reply 7: Changes are made accordingly on page 1, lines 16-17

Comment 8: Please avoid repetition of results in the Discussion section.

Reply 8: We tried to report both objective and subjective improvement with pads per day and directly asking the patient. This may account for the repetition of our reported outcomes.

Reviewer C:

First I ought to congratulate the authors for an update series and outcomes pertaining to mini jupette male sling 5 yr data.

However I have several comments

Comment 1: if allowed please add summary tables re complications and reported outcomes. It will be easier to follow and read immediately

Reply 1: Table 3 is added with more details

Comment 2: Figure one needs to redesigned to make it clear

Reply 2: Figure one edited to show a summary of all that has been stated in text.

Comment 3: in result section, reported satisfaction in urinary symptoms with 91% and 73% improvement in SUI and climaturia respectively, compared to 86% and 93% respectively in original series. Can you please explain in details why this reciprocal finding?

Reply 3: It is unclear exactly why the satisfaction increased despite the improvement decreasing from the original series. It is likely multifactorial including change in denominator as well as change in patients perspective over time. We do not want to speculate too much in the manuscript and do not attempt to compare these numbers between the original study and our current study given the difference in the denominator limiting our ability to compare these studies head to head.

Comment 4: Can you explain surgical technique about placing the mini jupette and placement overlying urethra? any interposed tissue between to limit erosion and complications? Is there increased complications using mesh vs other types of biomesh?

Reply 4: The surgical technique is excessively discussed in previous publication. We reported no erosion with the long term follow-up: line 124, page 6

Our Cohort does not have enough numbers to compare the efficacy of all types of mesh, thus we

indicated that this would be our future endeavor with a larger cohort.Lines 171, 172, page 8

Reviewer D:

Comment 1: to clarify the numbers- original series had 38 patients but 4 had explantation- does your f/up exclude the 4 who no longer have the prosthesis? i.e. should it be 34 patients instead?
Reply 1: Our original cohort had 38 patients. We excluded the 5 deceased, and the 10 lost to follow-up as shown in Figure 1. We were left with 23 patients to analyze. Only 1 (4.3%) patient had IPP revision, and we included him in this study.

Comment 2: patients undergoing radiation therapy, is this post surgical radiation therapy? do these patients do worst than the rest of the group that did not have radiation therapy?
Reply 2: We appreciate this comment and it is an important question. Unfortunately, our series is too small with only 4 patients receiving radiation to attempt to draw any conclusions on this.

Comment 3: it mentioned improvement in urinary symptoms but how are urinary symptoms scored? which scale is used? IPSS?
Reply 3: We used subjective measure where we ask the patient directly about his symptoms and objective measure using the pads per day (PPD) to determine if they improved. We further clarified this point in the method section, lines 77 and 78, page 5

Reviewer E:

Dear Authors,

Comment 1: The manuscript is overall well written, and it follows a proper scientific format. Tables are clear and the figure is very illustrative. Although the total number of patients is reduced and the study is observational and retrospective, it brings long-term data for the mini-juppette sling in the treatment of erectile dysfunction and concomitant mild stress urinary incontinence and/or climacturia post radical prostatectomy. My suggestions to improve the paper are:
Reply 1: Thank you for reviewing our study.

Comment 2: Aim of the study was: Did you assess efficacy or effectivity?
Reply 2: We tried to assess the efficacy, but since we could not ideally control it we would change it to effectivity.

Comment 3: Line 16: specify what ppd stands for
Reply 3: Changes are made accordingly in lines 16-17, page 1

Comment 4: Line 16: specify what IPP stands for
Reply 4: Changes are made accordingly in lines 16-17, page 1

Comment 5: I would recommend to clarify the type of study in the methods section of the abstract (multicenter, retrospective, observational, no control arm)

Reply 5: Change made accordingly in line 15, page 1

Comment 6: Reference 1: I would recommend to cite a more recent study, e.g. Haglind E, Carlsson S et al. Urinary Incontinence and Erectile Dysfunction After Robotic Versus Open Radical Prostatectomy: A Prospective, Controlled, Nonrandomised Trial. Eur Urol. 2015 Aug;68(2):216-25.
Reply 6: Change made accordingly to 190-192, page 9

Comment 7: Line 54: Reference 11 should follow the same format as the rest of references throughout the manuscript.
Reply 7: The same format used

Comment 8: Line 61: specify what IRB stands for
Reply 8: Change made Line 67, Page 3

Comment 9: Lines 62-64: Personally, I consider that the statement "The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved." Is not necessary within the manuscript. It is more adequate to place it in the footnote before the references where it is placed already as well.
Reply 9: We removed it from the manuscript.

Comment 10: Did you use any statistics software? If yes, please clarify at the end of the "materials and methods" section.
Reply 10: SPSS was used for student T-tests to determine the significance

Comment 11: Line 81: specify what DM stands for
Reply 11: Edit made to Line 90, Page 4

Comment 12: A table comparing results 5 months, 1 year, 2 years, 3 years, 4 years and 5 years to assess durability of the results and answer the questions: from those who showed good results at the beginning, how many lost the effect and when? If none, a table might not be necessary but I would recommend to clarify at least in the results section.
Reply 12: None lost the effect. "with durable symptomatic improvement" is added to results section. line 110, page 4

Comment 13: In relation to the statement "Complete resolution of climacturia occurred in 78% of men at a mean follow-up 59 months compared to 69% at 5.1 months follow-up in the pilot study (11)." (lines 109-111), it sounds confusing to me that more patients showed resolution of climacturia 5 years after the insertion of the sling than 5 months later. I know you discuss the reason for this finding is unclear but, did the patients who died or with loss of follow-up show resolution of climacturia? If not, that statement is biased. If yes, does that mean that some patients did not show resolution of climacturia at the first 5 months after inserting the sling but sometime later? I consider either way, this should be clarify because it can be important for the interpretation of results.
Reply 13: Statement is clarified Lines 121-124, page 6

Comment 14: Table 1: Radical Prostatectomy should read Radical Prostatectomy Approach (or similar) because all patients included in the study underwent RP and what you want to display is the % who underwent open RP and those who underwent lap RP or robotic.
Reply 14: Edit is made accordingly to table 1

Comment 15: Table 1: I would recommend to separate lap and robot-assisted RP.
Reply 15: Data was collected based on whether it was open or not since the last study

Comment 16: Table 2: IPP "model" or a "commercial model" or similar should be specified to be more accurate.
Reply 16: Edit made to table 2

Comment 17: I would recommend to include results for parameters assessed, at least the most important ones -% of ED resolution, % of climacturia resolution, % of SUI resolution-, sorted by graft material in Table 3. The no. of patients with each graft is very usedul but, how many of each showed resultion of ED, climacturia and or SUI? That would provide useful information on what grafts work best.
Reply 17: We do not have enough data for this analysis. We confirmed this is our next step with a bigger cohort in the conclusion section. Lines 181-182, page 8