

Peer Review File

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Reviewer A

Authors aimed to investigate feasibility of the en-bloc method for beginners to perform holmium laser enucleation of the prostate (HoLEP). For this, they included 132 consecutive patients, and grouped patients according to the first 50, and following 82, accordingly. I have read the manuscript with great interest, as data in this area of urology is scarce. Thus, the manuscript has merit for publication. Introduction is reasonable, stats and concomitant results are sound. The discussion is coherent and interprets the findings with current literature. However, some details need to be addressed to strengthen the overall manuscript, and to make it suitable for publication, as the overall manuscript is quite short and lacks some important data on HoLEP in general, which may improve introduction, and discussion:

- 1) Who decided which patients were included?

Reply 1: We provide inclusion criteria and those potential patients will be informed about the treatment study.

See page 4, line 24-33.

- 2) LUTS/BPH are often associated with age, and surgeons sometimes defer treatment due to patients' age and concomitant health risk factors (e.g., ASA score, etc). Recently, a study demonstrated the benefits of a laser enucleation technique (HoLEP), irrespective of age (PMID: 33260275) i.e., even suitable for oldest-old patients >80 years. As age is the main reason for LUTS/BPO, how would you comment on the findings of this study? Considering your interesting findings, please include comments to strengthen your discussion. Did you observe any correlation of post-operative complications (strictures, drop in Hb), or difficulties during enucleation with age?

Reply 2: We have consulted the study (PMID: 33260275) and noticed that IPSS seemed to decrease less in the older patients compared with the younger patients. Meanwhile, the specific anesthesia methods for patients were yet not provided and evaluated. We maintain a cautious attitude to the finding of this study. In our study, we didn't focus the age, so it's hard to certain that age is not correlated with post-operative outcomes.

Changes in the text: see page 9, line 30-33; page 10, line 1-4.

- 3) As you observed a significant difference in enucleation time after the first 50 procedures, could you comment on the laser energy used (refer to efficiency parameters in PMID 36828266)?

Reply 3: Due to some objective unavoidable causes, we didn't entirely record laser energy used of each patient, which is a defect of our study.

- 4) It would be interesting, if there is a difference between three-lobe enucleation and one-

lobe enucleation in the learning curve i.e., are fewer cases needed for one or the other method? Please compare a recent publication on the differences between three-lobe and en-bloc enucleation (PMID 36828266). Maybe you could perform a follow-up of your study in the future. I would be thrilled to read it!

Reply 4: We have read the publication (PMID 36828266) in detail, the conclusion is interesting and cogent. We are appreciative for your advice and we hope to perform a further study in the future.

Reviewer B

I admit that during the initial phase, HoLEP is a crucial surgery and several problems like capsule perforations or difficulties when detaching the adenoma in chronic prostatitis represent common problems for beginners. Also, the results for the learning curve (25-30 surgeries to achieve some sort of experience with HoLEP) are in line with the findings in the literature.

I have some minor issues to address to the authors:

1.) Please not only give event numbers in the Tables also state the relative percentage: n (%)

Reply 1: We have modified tables as advised.

Changes in the text: see page 15-17, table 1 and 2.

2.) as it was a self learning approach by a single surgeon experienced in TUR-P (400 cases): was there any training module/simulator training available for the surgeon prior to the first surgeries? which were the main problems for the surgeon during the first 25-30 surgeries (in the text there was a paragraph about skill improvement) - was it scope handling, laser distance, technical problems with incisions during the early apical release?

Reply 2: There was no any training module/simulator training available for the surgeon prior to the first surgeries. During the first 25-30 surgeries, the main problems were incisions depth, surgical capsule identification and effective hemostasis.

3.) for patients with urinary retention (in the text it was stated that all retentions happened on pod 1 when the catheter was removed) - was there any relation to prostate size, bleeding during surgery, technical problems or was it just POD1?

Reply 3: In our opinion, it was just POD1. We haven't found any relation to prostate size, bleeding during surgery, technical problems yet.

4.) Clavien IIIA complications: were bladder neck stenosis and urethral strictures treated in local anesthesia or regional anesthesia or was general anesthesia applied (IIIB)?

Reply 4: No any general anesthesia applied.

5.) I was missing results for blood loss estimation (pre-postop Hb?) - it would be interesting to see if there is any change during the learning curve!

Reply 5: We are sorry about the lack of blood loss estimation. In our region, we can't guarantee a routine Hb test after this kind of surgery due to medical policy and rules, only if patients had a worse situation (such as fever, shock trend, inflammation). Therefore, we finally didn't include this parameter.

Reviewer C

In the manuscript titled "The en bloc method is feasible for beginners learning to perform holmium laser enucleation of the prostate", the authors concluded that the en bloc HoLEP provided a significantly improved voiding with low complications and recurrence, and this technique could feasibly be adopted to teach beginners. However, there are several points that need to be addressed:

1) The language needs to be significantly modified and polished. For example, full stops are missing in Line 105 and Line 175.

Reply 1: We have modified the text as advised.

2) Research involving human subjects, human material or human data must be performed in accordance with the Declaration of Helsinki.

Reply 2: We have modified the text as advised.

Changes of the text: see page 12, line 14-17.

3) How many TURP has this surgeon done before HoLEP?

Reply 3: at least 400 cases. (See page 4, line 31-32; page 8, line 3-4.)

4) The process of surgery should be described in much more detail.

Reply 4: We have modified the text as advised.

Changes of the text: see page 5, line 20-33; page 6, line 1-8.

5) The peri-operative management should be described in much more detail.

Reply 5: We have modified the text as advised.

Changes of the text: see page 4-7.

6) The definition and the methods for the calculation of enucleation efficiency.

Reply 6: We have modified the text as advised.

Changes of the text: see page 7, line 16-17.

7) According to Figure 1, I would suggest to divide the first 20 patients and the rest patients into two groups, respectively.

Reply 7: According to Figure 1, we suggest that 20–30 procedures need to be performed for a surgeon to become relatively comfortable with the en bloc procedure. We primarily divided the first 50 patients and the rest patients based on the previous experience from existing literatures.

8) The differences between en bloc technique and standard multi-incisional enucleation should be discussed in much more detail.

Reply 8: We have modified the text as advised.

Changes of the text: see page 8, line 31-33; page 9, line 1-10.

9) The lack of comparison with standard multi-incisional enucleation is a limitation that should be mentioned.

Reply 9: Yes, it is.

Changes of the text: see page 11, line 27-29.

Reviewer D

Benign prostatic hyperplasia is a condition in which the flow of urine is blocked due to the enlargement of prostate gland. The symptoms include increased frequency of urination at night and difficulty in urinating. Although benign-prostatic hyperplasia is not serious lethal, it also seriously damages the normal life of patients. Therefore, it is very important and necessary to seek its new treatment. In the current article, the authors investigated the possibility of using en bloc method for beginners learning to perform holmium laser enucleation of the prostate. On the whole, this is a research work with rich content and reasonable structure, but there are still some problems in the article that need to be revised by the author. Major revision is needed.

1. In the treatment of benign-prostatic hyperplasia (BPH), the author needs to describe the advantages and disadvantages of other treatment methods besides HoLEP in more detail in the introduction section.

Reply 1: We have modified the text as advised.

Changes of the text: see page 3.

2. The author should introduce the occurrence, development and harm of benign-prostatic hyperplasia (BPH) and when surgery is needed.

Reply 2: We have modified the text as advised.

Changes of the text: see page 3, line 6-12.

3. In the keyword list of the article, "Holmium laser education of the state (HoLEP)" should be listed as a complete keyword.

Reply 3: We have modified the text as advised.

Changes of the text: see page 2, line 20-21.

4. The "method" part of the article lacks a subtitle. Please add it.

Reply 4: We have modified the text as advised.

Changes of the text: see page 4, line 20.

5. In the results section of the article, the description of "Baseline metrics" is too brief, please strengthen it.

Reply 5: We have modified the text as advised.

Changes of the text: see page 6, line 31-33; page 7, line 1-8.

6. The author should give a more detailed description of the advantages and disadvantages of HoLEP in future applications and possible problems in the discussion part of the article.

Reply 6: We have modified the text as advised.

Changes of the text: see page 11, line 14-22.

7. In Figure 1 of the article, the author marked $P=0.00$, which is non-standard and should be changed to P less than a specific value.

Reply 7: We have modified the text as advised.

Changes of the text: see page 18, line 2.