Peer Review File

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Reviewer A

Comment 1:

It is a well-organized review journal.
However, there is no significant difference from a previous review paper published.
doi: 10.3390/jcm11102775.
The papers and analysis cited in this paper are similar to the previous paper.
I think something different should be added.

Reply 1: We thank the reviewer for bringing this to our attention. In order to add additional and different value to the literature, we have attempted to discuss in greater detail the utility of penile rehabilitation protocols, and have added information of management of post-radiation ED in addition to discussing the utility of LiESWT for post-prostatectomy ED.

Changes in the text: Changes have been made throughout the manuscript to reflect that the manuscript now evaluates both post-prostatectomy and post-radiation ED, instead of post-surgical treatment options only. Specifically, the section on Page 11, lines 272-289 have been added. In addition, we have identified another randomized controlled trial published recently which we have included for additional literature review (Reference #60). **Table #2** has been updated to add this additional study included in the manuscript.

Reviewer B

Comment 1:

The paper was well prepared and took into account the various aspects that contemplate the use of shock waves in erectile dysfunction after radical prostatectomy. One point that I missed, in addition to the degree of the underlying disease, was the technical variability between surgeons. We know that radical prostatectomy is a complex surgery and according to the surgeons' expertise, different results can be obtained for similar cases. I see here another bias that makes the unifactorial analysis of the data that impact post-prostatectomy erectile dysfunction difficult and too complex.

Reply 1: We thank the reviewer for this comment and acknowledge that the degree of erectile dysfunction following prostatectomy may vary based on technical aspects of the surgery and surgeon skill/experience. We have added the following sentence to address this concern:

Changes in the text: Page 3, Lines 65-67, “An additional factor to consider is surgical experience and expertise. It is well known that RP takes significant technical skill as it is a complex surgery. Thus, incidence of ED post-RP varies across studies.”

Comment 2:

Another aspect I would like to highlight would be the inclusion of the study regarding cystoprostatectomy. I see here the possibility of another confounding bias due to issues related to the nervous anatomy of the pelvis.

Reply 2: We thank the reviewer and agree with their comment that cystoprostatectomy may have different rates of ED than radical prostatectomy, due to the inherent differences in the surgery. Similar rates of ED following radical prostatectomy and cystoprostatectomy have been reported, and given the paucity of data on the use of LiESWT following prostate surgery, we believe it's important to keep the study regarding cystoprostatectomy in the current manuscript. But to the reviewer's point we acknowledge and discuss how results in this study may not be widely applicable to patients undergoing treatment for prostate cancer. We have added the following language to discuss this:

Changes in the Text: Pages 8-9, Lines 206-213; "The surgical approach of radical prostatectomy differs from radical cystoprostatectomy as additional nerve damage may result with extensive pelvic dissection in the latter. However, rates of ED after cystoprostatectomy have been reported in 20-80% of men which is similar to rates post-prostatectomy.(5,58) Additionally, Walsh and Mostwin showed that in nerve sparing radical prostatectomy and radical cystoprostatectomy, rates of potency at 1 year were similar at 86% and 82%, respectively.(59) Given similar rates of ED following both surgical procedures, it is likely a similar pathophysiologic mechanism is involved. As such, Li-ESWT may be effective in treatment of ED following radical cystoprostatectomy.