

Peer Review File

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Review Comments

Reviewer A

The authors present a review on ProACT and ACT for stress urinary incontinence. The authors have undergone a very impressive literature search presenting results from many prospective and retrospective studies of different quality. And there, the problems begin. Most studies cannot be compared due to different definitions of success and different ideas, how the studies should be conducted. The authors explain and describe the results extensively, discussing possible reasons for failure and success rates of revisions. This makes the manuscript very long and partly strenuous to read, but I think this is necessary on this difficult topic. Therefore, I think this manuscript on a very important topic should be published, I have only a few minor comments, which should be considered.

Comment 1: We all know, that there is not only SUI or OAB, but also stages in between. Maybe this should be taken into account and be discussed, especially since probably not all cited publications performed a urodynamic study before implantation. This may contribute to unsuccessful implantation.

Reply 1: Thank you very much for your feedback. We agree that the presence of concurrent overactive bladder as risk factor for treatment failure should be added to the manuscript. We added the risk factor in Table 7, as well as in the manuscript.

Comment 2: In line 68 a space is missed between "the" and "scrotal"

Reply 2: We changed this segment in line 68 in accordance with the comment.
Changes in the text: (Line 69) thescrotal à the scrotal

Comment 3: In lines 86 to 89 the necessity of urodynamics is described without quotation. maybe a sentence regarding the current guidelines would strengthen the argument.

Reply 3: We agree that referring to the EAU guidelines for non-neurogenic male LUTS is applicable in this case.

Comment 4: In line 99 it is stated, that ProACT should not be implanted after RT. I think so too, but a citation should be given.

Reply 4: A citation should be provided, so we added the recommendation of the EAU guidelines for non-neurogenic male lower urinary tract symptoms to not offer ProACT in male patients after pelvic radiotherapy.

Comment 5: In line 108 implantation in women is described, but again no citation is used, even though you describe, that you do not implant women in your institution. Therefore, you should describe, where you have the procedure from.

Reply 5: We noticed that we could have been more clear regarding the procedure performed in women. While we have performed this procedure in women in the past, we do not currently offer it for women, as less favorable outcomes were observed

than other SUI treatments. We added a recent study describing the procedure in female patients.

Comment 6: In line 118 you describe "significant post-void residue". I wonder, what is significant for you? 100cc? 30% of voided volume? Maybe you could clarify.

Reply 6: In our clinic, more than one third of the functional bladder capacity is considered 'significant'. We added this part in the manuscript.

Comment 7: In line 122 you describe "usually 1ml per visit". I did it the same way and only changed when continence was almost reached or PVR increased. Maybe a sentence describing how you do it would be of interest to the reader.

Reply 7: We think that adding this information is relevant as well. In our clinic, we change the balloon inflation procedure when continence is almost reached or PVR increases as well. In addition, we change the procedure also when the patient subjectively describes a weaker stream. We added this information to the manuscript. And with this comment, I am already done. You discuss this very difficult topic very patiently and I see no other way, how it should be done. Congratulations.

Reviewer B

Comment: The authors performed an extensive narrative review of PRO ACT / ACT literature. The manuscript is well written and easily readable.

At your discretion, consider include the following reference, which comprise a rare indication of such technique.

Reply: Thank you very much for your feedback.