

Peer Review File

Article information: <https://dx.doi.org/10.21037/tau-23-105>

Reviewer A

The authors should better clarify how DRS has been correlated with incontinence prior to sling or AUS surgery and not just with functional outcome.

- Reply (1): Unfortunately, we were not able to apply the DRS prior to surgical treatment, as the scale is utilized to assess regret associated with treatment choice. This is an interesting point of discussion, though. For future studies, it would be interesting to assess bother associated with incontinence both pre- and post-operatively and compare that with post-op decisional regret.
- Changes in the text: A comment was added to the discussion in the limitations paragraph on Pg. 12, lines 256-258.

Reviewer B

While the authors are correct that decision regret plays an important factor in overall patient satisfaction, this study has numerous limitations which significantly affected the interpretation and scientific validity.

1. Is this decision regret about having to undergo prostate cancer surgery in the first place or unhappiness with the ensuing postoperative incontinence?
 - Reply (1): Thank you for bringing this point forward – I do realize the nomenclature can be quite confusing and I can more accurately describe decisional regret, with regard to our study. Decisional regret is referring to the initial surgical treatment of choice. Therefore, higher decisional regret is noted in those patients that required an AUS following a sling (i.e. surgical revision).
 - Changes in the text: See text added to Pg. 6, lines 108-109.
2. What constitutes decisional regret if patients actually elected to have surgery in the first place? Instead, it would be better if the patients were asked whether they felt rushed into surgery and were provided sufficient information prior to consent.
 - Reply (1): This is a great point! While the patients elected to undergo either (1) male sling or (2) AUS, there is associated regret with that decision, as measured by the DRS, and this is due to several different factors. Decisional regret varies from patient to patient, despite likely similar reasons for undergoing surgery. It is important to note that though the surgery may have been successful, if further surgical procedures are required or complications present, there is a level of associated regret.
 - Changes in the text: See text on Pg. 5, lines 79-82.
3. No information is provided about what actually transpires during the consultation and the level of comprehension by the patients on the decision-making process.
 - Reply (1): Thank you for this observation. The patients were recruited via telephone, notified of the intent of the call, consent was obtained, survey was administered, and all questions answered. Stated verbal understanding was required prior to

administration of survey.

- Changes in the text: See text on Pg.6, lines 116-120

Reviewer C

This is a well-written manuscript evaluating decisional regret among men who underwent stress incontinence surgery, assessing characteristics associated with higher decisional regret. It is a relatively small sample (n = 41) and relatively low response rate (35%) but explores an important topic that is fairly new in this sphere. The authors note that this is the first study to evaluate decisional regret in this patient population, but there is a study that has been published on decisional regret among men with stress urinary incontinence and it appears that the authors may not know about this study (PMID: 34854756)

Thank you for your review of our study, as well as the update on the recently published study. I have read and reviewed the above study and have made appropriate edits/modifications throughout the paper to ensure everything is most accurate. I have also commented on differences between the two papers and how our study brings about novel points not previously discussed/studied.

How did the authors decide what cutpoint(s) to use for the DRS scale?

- Reply (1): Thank you for this observation - Cutpoints had been previously determined in a prior study utilizing the DRS, of which this study's PI was also involved in, and they were modified slightly, so as to have none-mild, moderate, and severe regret.
- Changes in the text: See text on Pg. 6-7, lines 122-126.

When people were asked PPD, did they have an opportunity to specify whether these were pads vs. briefs/diapers? Would be good to understand how briefs/diapers were assessed versus pads.

- Reply (1): Unfortunately, patients did not specify whether pads versus diapers were being used. It does bring up an interesting point, as does the frequency of pads changes (i.e. when slightly wet versus soaked). This information would be interesting to include in future studies!
- Changes in the text: Comment was made on Pg. 12, lines 258-260.

Would be good to understand the variability in time to follow-up. If all of these individuals are at different time-points since their procedure that would be helpful to understand and something to note in the limitations.

- Reply (1): Thank you for this bringing this point forward! While we do agree that variability exists between each patient and overall time to follow up, the surgical procedures were conducted over an eleven-year time period. Because of this, follow up noted in the study is defined as the time from surgical procedure to established phone follow up. I addressed this limitation in my study and do agree that further studies may compare DRE to Time to Follow Up and assess whether a correlation exists.
- Changes in the text: See Pg. 12, lines 254-256.

Figure 1 – do authors need to get permission to publish this scale?

- Reply (1): I had not previously addressed this important point in the study, so I appreciate you bringing this up. No permission is required to publish this scale, and it has been utilized throughout multiple papers utilizing the decisional regret scale (cited within our study). I have also attached the PDF link to the scale, directions for use, and further details.
- Changes in the text: See Pg.6, lines 111-113.

Figure 2 – it is unclear to me what the orange vs. blue lines represent. I do not see this noted in the figure legend. It's also unclear to me why the figure has 2 axes and how to interpret this.

- Reply (1): Thank you for mentioning this, as it appears there was a formatting error, and the colors were mislabeled. To clarify, the orange line indicates DRS vs. # of Revisions, and the blue line indicates DRS vs. Pads Per Day (PPD). The same two colors apply for the dots noted on the scatter plot.
- Reply (2): So as to show both Pads Per Day (PPD) and # of revisions with regard to DRS, a single graph was utilized to show positive, negative, or no correlation. Interestingly, the # of revisions has a positive correlation to DRS and PPD is not directly correlated to DRS.
- Changes in the text: Corrected on figure legend

Table 2 – does not include time from surgery to evaluation which was evaluated in univariate analysis so would be good to include. Also no test statistic for PPD. May be more useful to break up PPD into smaller categories given small sample size, may yield more meaningful results.

- Reply (1): Thank you for this observation – I have gone ahead and edited Table 2 to include follow up (time from surgery to phone follow up). With regards to PPD, I broke the individual categories down, as follows: 0, 1, 2, 3, and 4+ with 4+ only having 3 patients included. We also utilized a t-test for PPD use and there is a p-value listed in Table 2 alongside the respective area.
- Changes in the text: See table (2)