

## Peer Review File

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### Reviewer A

1. Include discussion in the introduction and abstract regarding the AUA guidelines since TAU is read globally.

We have revised the [Introduction /paragraph 1 Line 52-56], we incorporate the additional AUA guidelines and discuss the argument, for why AUA considers ejaculatory latency time 2 minutes.

2. In the text for the SDN include the specific rates of parasthesias (missing in zhang study and a few others). This is a major complication and I feel an important one to convey to the audience. If there are concerns about how it was defined in any of these studies leading to underreporting then I would recommend including this in the discussion.

We have revised the [ Discussion /SDN section Line 112] In response to your comment, we have modified the following sentence (Postoperatively, no complications were reported such as wound paraesthesia or infection).

We have revised the [Discussion /SDN section Lines133-139]. The studies of Zhang(15) et al et Liu Q (16) et al are unicentric and have a small sample. Their limitations concerning safety were substantial because they could not decide how many dorsal nerves should be resected to reach optimal IELT prolongation in order to prevent serious complications like delayed ejaculation, penile paraesthesia, and erectile dysfunctions. With these modifications, we have effectively conveyed information to the readers regarding the potential complications associated with the procedure.

We have revised the [Discussion / Glans penis augmentation (GPA) using hyaluronic acid (HA) section Line 167-171], we discussed the complications related to HA injection in detail.

3. Include any data that looks at patient satisfaction with these treatments and whether or not it was based on validated surveys or not. If this data does not exist then include that for each surgical treatment. It is one thing to increase the latency time by a statistically significant number but whether or not that translates to improved patient satisfaction is extremely important.

We have included data concerning patient satisfaction:

- [Discussion /SDN section Line 106] We have included data concerning patient satisfaction.
- [Discussion /SDN section Line 129] We have included data concerning patient satisfaction.
- [Discussion / Glans penis augmentation (GPA) using hyaluronic acid (HA) section Line 161] We have included data concerning patient satisfaction.
- [Discussion / section Glans penis augmentation (GPA) using hyaluronic acid (HA) Line 175] We have included data concerning patient satisfaction.

Minor comments:

- 1- Abstract-in key content I believe use should be added after widespread  
Line 20 :use was added after widespread.
- 2- Abstract-in key content what is meant by miscellaneous in the last sentence. I find this statement confusing  
Line 23: Miscellaneous was replaced by controversial.
- 3- Abstract-in conclusion first sentence remove the first "of PE" to eliminate redundancy  
Line 24: PE removed.
- 4- Introduction-2nd paragraph, last sentence is confusing, please reword  
Line 67 we have re-phrased the sentence to avoid confusion.
- 5- Introduction-The last sentence in () belongs in the methods section.  
Line 89: The sentence was transferred to the method section.
- 6- Methods-why is there a statement regarding primary and secondary outcomes for a review article? Did all studies have the same outcomes-if so then explicitly say that. if not since this is not a primary research article or there is no meta-analysis outcomes are not really relevant.

Line 88: the primary and secondary outcomes were omitted.

- 7- Discussion-preoperative and postoperative are written with capital P multiple times but should be written with lower case p.

Line 112: P in uppercase for the postoperative since the sentence was changed, Line 157: P changed in lowercase.

- 8- Discussion-how were outcomes defined in the Tang study, (i.e. how were significantly effective and effective defined and how were these different)

Line 120: categorization of IELT (intravaginal ejaculation latency time) was established as follows: an IELT  $\geq 300$  s was considered significantly effective, an IELT  $\geq 120$  s and  $< 300$  s was considered effective, and an IELT  $< 120$  s was considered ineffective

- 9- Line 192 should be PE not EP

Line 189: EP was replaced by PE

### **Reviewer B**

I consider interesting the different options.

[Answer] Thank you for providing feedback on our manuscript. We sincerely appreciate your time and effort in evaluating our work. In your review, you mentioned the "different option," but it wasn't clear what you were referring to. Could you kindly clarify if by "different option" you are referring to the pharmacological treatment? This clarification will help us address your comment more accurately and effectively.

### **Reviewer C**

Main issues

- The Limitations of the review (several indeed) are not disclosed and should be discussed thoroughly

We have added the limitation section. [Limitation / Line 255 ]

- Introduction: what are the indications for the adoption of surgical strategies to deal with PE?

We have added the indication of the surgical treatment of PE in this sentence [introduction / Line 69-71].

- I would suggest to discuss more in detail the complications which occurred in the studies selected in the review, and especially so for hyaluronic acid glans injections

We have discussed the complication of SDN [Discussion /SDN section Line133-139].

We have discussed the complication of HA[Discussion / Glans penis augmentation (GPA) using hyaluronic acid (HA)section Line167-171].

- Can the Authors clarify why this study was not selected in this review? Wang H, Bai M, Zhang HL, Zeng A. Surgical treatment for primary premature ejaculation with an inner condom technique.

Initially, we had some hesitation about including this technique in our work. However, upon reviewing your feedback and realizing that you mentioned its potential for significantly improving the quality of your work and the impact of your manuscript, while we have included this novel and experimental technique[ Inner condom technique section Lines 204], we have interpreted the results of the study with caution.

- Does this need to be included? A Aglan, Premature ejaculation surgical treatment, The Journal of Sexual Medicine, Volume 19, Issue 5, Supplement 2, 2022?

We have decided not to include the experimental technique described by A. Aglan in our study. This perineal approach involves invasive bilateral cutting of the bulbospongiosus muscle, which raises concerns about safety and lacks sufficient supporting evidence.

- Conclusions: “the surgical treatment of PE has no role in the management of PE because of a lack of strong evidence-based trials to support the safety and efficacy of the surgical treatment”. I think this sentence should be mitigated: even if there is scant evidence on this topic, surgical management for those refractory cases of PE remains the last viable option where other options fail. Therefore I think these strategies seem to be safe enough and can be proposed to an informed selected patient who is very motivated to find a solution for his PE.

We agreed with this perspective that the conclusion should be moderated, and accordingly, we have revised and modified the [ conclusion section Lines 218]

#### **Reviewer D**

From 2010 EAU and 2010-2014 ISSM guideline, Selective dorsal nerve neurectomy or Glans Penis Augmentation using Hyaluronic Acid Gel may be associated with permanent loss of sexual function and is not recommended in the management of PE. Recently, 2021 AUA/SMSNA Guideline for PE changed stance to surgical treatment of PE. And PGE also has additive effect on PE. But the most important is characteristics of filler to avoid side effect.

[Answer] We sincerely appreciate your valuable comment regarding the complications associated with surgical treatment. Your feedback has been thoroughly reviewed and we have made the necessary adjustments accordingly. We have taken care to describe all potential complications related to various surgical interventions in our manuscript [Discussion -SDN section Line 133-140]. Furthermore, with regard to the AUA/SMSNA guidelines, our findings indicate that they suggest considering surgical intervention for PE only within the framework of an ethically approved trial, particularly for patients who have not responded to or are unable to tolerate alternative management strategies for PE [Conclusion section Line 216-222].

#### **Reviewer E**

The article is very well written and gives an overview of current invasive treatments as a cure for PE.

The article is quite concise and requires an expansion of the text regarding hyaluronic acid which seems to be the only treatment able to give some results. I recommend to deepen the text by exposing the properties of hyaluronic acid by referring to other articles in the literature that use the substance HA for other uro-andological pathologies

[Answer] In light of the valuable feedback provided by the reviewer, we have taken steps to address the comments. Specifically, we have expanded the discussion on Hyaluronic acid (HA) by delving into its properties and citing relevant articles from the uro-andrology literature <sup>(19-24)</sup> [Discussion /Glans penis augmentation (GPA) using hyaluronic acid section Line 147]. By doing so, we aim to provide a more comprehensive and well-supported overview of HA in the context of our study.

New references were added:

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39. Shebl SE, Ali S, Shokr M. Hyaluronic acid injection in the glans penis for the treatment of refractory premature ejaculation: A prospective, controlled

study. *Andrologia*. 2021 Aug;53(7):e14084. doi: 10.1111/and.14084. Epub 2021 Apr 30. PMID: 33930204.

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