

## Peer Review File

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### Review Comments

#### Reviewer A

It is a nice article that summarises in a narrative way the different types of male sling, as well as the indications and associated drawbacks.

It has an adequate structure, although I would perhaps miss a table to summarise the text and make it more visual. It could possibly also benefit from some pictures for readers to see what the manuscript is talking about

**REPLY:** Thank you for your comment. Table 1 has been created and included now (see Table 1: Male slings: Device design and technology).

#### Reviewer B

This is a synthetic but comprehensive review of male slings that provides the reader with "essential" and up-to-date information.

Minor comments:

- please revise the references (e.g. there are some duplicated references: 7 and 9, 12 and 39)
- the reference 58 I think is wrong and the right one should be: Lin L, Sun W, Guo X, Zhou L. Artificial Urinary Sphincter Is Better Than Slings for Moderate Male Stress Urinary Incontinence With Acceptable Complication Rate: A Systematic Review and Meta-Analysis. *Front Surg.* 2022 Feb 9;9:841555.
- in the paragraph "Male slings: Device design and technology", I would cite the tetanized sling as well (Sacco E, Gandi C, Vaccarella L, et al. Titanized Transobturator Sling Placement for Male Stress Urinary Incontinence Using an Inside-out Single-incision Technique: Minimum 12-Months Follow-up Study. *Urology.* 2018 May;115:144-150).

**REPLY:** Thank you for your comment. Duplication of references has been removed and references have been revised accordingly (see References section).

#### Reviewer C

This is an interesting narrative review but needs more clarification.

The introduction needs to be more contextualized. What is the issue of this review? Are there contradictory results in the literature on MS and AUS in terms of efficacy or safety?

The methods are too brief. Even if it is a narrative review, it is necessary to give some elements of methods: selection criteria, algorithm, keywords, etc.

For the results, it is necessary to provide for each device and each sling, at least one result in terms of efficacy (continence) and safety to be able to lead a discussion.

Finally, the conclusion must be nuanced by the elements of results requested above

**REPLY:** Thank you for your comment.

1. Introduction section. The aims of this narrative review article are to evaluate the current MS devices in the commercial market and examine the role of MS as an effective and safe alternative treatment option for male SUI. While some studies have been published comparing MS and AUS, limited conclusions can be drawn due to the heterogeneous population and non-standardized methodology. To date, there is only 1 “proper” RCT – the Master trial comparing MS and AUS (this has been highlighted in the Discussion section). The following statement “However, the current MS devices are different in terms of design, surgical approaches and whether it can be “adjusted”. These confounders can significantly impact on actual clinical efficacy and/or safety outcomes, and these parameters are often difficult to compare and probably it is not appropriate to do so since each device technology treats a different degree of SUI and is highly dependent on the patient factors (such as the presence of radiation, need to operate a device, and mental competency), surgeon’s preference and availability of the device in the institution or country.” has been added (see Introduction section, paragraph 2).
2. Methods section. Further expansion of the search methodology has been included with sentences “The available literature on MS was reviewed on PubMed and EMBASE databases between 1 January 2000 and 1 December 2022 and available literature about MS was reviewed and the following terms “urinary sling”, “urinary incontinence”, “continence device”, and “continence surgery” were searched” and “Since there are limited published comparative studies among these slings in a head-to-head trial, a narrative review is undertaken instead of a proper systematic review or meta-analysis, a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol was not implemented” (see Methods section).
3. Results section. As mentioned in the methods section, this narrative review is not intended to provide a full surgical description of the surgical techniques, potential complications, and/or troubleshooting for potential complications relating to MS (please refer to the Methods section). However, data relating to clinical outcomes in terms of continence rate have been added as “Published systematic reviews and meta-analyses on MS showed fixed slings had an objective cure rate that varies between 8.3% and 87% (pooled estimate 0.50, 95% confidence interval [CI] 0.45-0.56,  $I^2=82%$ ), and the subjective cure was achieved in 33-94.4% of patients, while adjustable slings showed objective cure rates between 17% and 92% (pooled estimate 0.61, 95% CI 0.51-0.71,  $I^2=88%$ ) and subjective cure rate varies between 28% and 100% [11]” (see “Male Sling or Artificial Urinary Sphincter?” section, paragraph 1). Furthermore, a table has been included to highlight the specifications

and references on each MS (see Table 1: Male slings: Device design and technology).

4. Conclusion section has been updated with these sentences “As clinical data matures with longer-term outcomes coupled with advances in scientific designs and technology, the ability to have and select the optimal MS for a particular patient will come to fruition. It is critical that patients understand that MS may not provide complete continence, but MS offers some advantages over AUS. Strict patient selection and informed consent, selection of MS with proven long-term clinical data, and adherence to safe surgical practice are paramount to ensure an excellent continence rate, high patient satisfaction rate, and minimal postoperative complications” (see Conclusion section).