Peer Review File
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Review Comments

Reviewer A

The authors reported the safety and efficacy of a novel adjustable artificial urinary sphincter. It's a very interesting report, and I think it's a promising new device for male SUI. However, some issues are identified.

Comment 1: First, many urologists do not know this novel adjustable artificial urinary sphincter. The author described the detail of VICTO in the Introduction section. However, an inplanted image (schema) could be possible to imagine the postoperative state more easily.

Reply 1: Figure 1-3 added.

Comment 2: In the Results section, the results of Victo and Victo+ devise should be divided descriptions.
Reply 2: We added the results of Victo and Victo+ in the result section.
Changes in the text: 181-243

Comment 3: Table 4 is not very useful, so please remove it and include it in the text.
Reply 3: We removed the table.

Comment 4: Line 243; Explain more in detail about Stameys classification
Reply 4: The ICS Classification is described line 244-247.
Changes in the text: line 244-247 (blue text)

Comment 5: Discussion; Add historically reported baseline data on the difference in efficacy between Victo and Victo+. In addition, please explain why Victo+ was not used in all cases.
Reply 5: Indication of Victo+ is added in study population. Victo+ is only indicated in patients, who were not able to interrupt the stream, as the Stress balloon provide additional pressure to the cuff in case of higher intra-abodominal pressure changes.
Changes in text: line 129-130

Reviewer B

Comment 1. AUS is the treatment of choice for persistent moderate to severe male SUI, however, there is no definite indication for inclusion (for example, specific symptom score is over or under, number of pad a day is over used...)
Reply 1: Patient selection and evaluation prior to surgical therapy were performed according to recommendation of ICS (international Continence Society).
Comment 2. What is the indication for choosing victo or victo+ in patients?

Reply 2: Indication of Victo+ is added in study population. Victo+ is inly indicated in patients, who were not able to interrupt the stream, as the Stress balloon provide additional pressure to the cuff in case of higher intra-abodominal pressure changes. Changes in text: line 129-130

Comment 3. I'd like to recommend the sub-analysis in complication rate according to underlying disease such as diabetes or irradiation history although the patient population is heterogenous and the number of patients limit the subgroup analysis as you mentioned.
Reply: thank you for your comment, this is a good point. With bigger cohorts and longer FU we will be able to present more defined and maybe significant subgroup analysis.
Comment 4. In the results, the revision or explantation rate has to be cleared. Authors commented about infection or urethral erosion but described 'None of the patients required surgical revision or explantation' in line 200
Reply4: the phrase was related only to urinary retention, but in we removed it because as it was confusing.

Reviewer C
This article demonstrated the safety and efficacy of the novel artificial urinary sphincter systems, VICTO and VICTO plus. The conventional artificial urinary sphincter, AMS-800, has a limitation that the cuff pressure could not be adjusted after implantation, which might be attributed to urethral erosion and atrophy. Therefore, the potential merit of the novel adjustable systems demonstrated in this article would be of great importance. However, there are some issues to be addressed.

Major
Comment 1. This article showed the results of the different two artificial urinary sphincter systems. Therefore, results of the different two systems should be shown separately. Also, statistical tests between the two systems should be done.
Reply 1: The operating principal of both configurations is equal, Victo plus has an additional stress relief balloon and provides increasing system pressure when needed. We added separate results in the results section.

Comment 2. In Statistical analysis section, methods of tests for statistical significance were not mentioned. Furthermore, the authors described in Results that “Infection correlated significantly with explantation of the device (p<0.001)”. However, the methods to examine the correlations of the device explantation with clinical factors were not mentioned.
Reply 2: Adjusted correspondingly.

Minor

Comment 1. The journal and page of reference 12 were not presented.
Reply 1: We added the missing information.
Comment 2. In Study population section, the description “Eight patients with more than three previous incontinence surgeries” should be “Eight patients with more than two previous incontinence surgeries” or “Eight patients with three or more previous incontinence surgeries”.
Reply 2: Thank you for reading our manuscript carefully, the phrase is changed to the correct form.
Changes in text: line 121
Comment 3. In Study population section, although the authors described that results of urodynamic study were included in Table 1, the results of urodynamic study were not shown.
Reply 3: we do not perform UD routinely, the text was incorrect, so we corrected the phrases as you suggested.
Changes in text: Corrected in line 123-127.
Comment 4. In Results, the authors mentioned that “No other risk factor was identified correlating with infection of the device”. However, is the correct description “No other risk factor was identified correlating with explantation of the device”?
Reply: We appreciate your attentiveness; the phrase is changed to the correct form.
Changes in text: line 215