

**Peer Review File**

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**Reviewer A**

Comment 1: Well written and comprehensive review of the management of concomitant SUI and ED.

However no new data is presented here.

The review would benefit from data of any of your patients treated surgically for both conditions to add to the literature.

Reply 1: one of the authors recently published a metanalysis about satisfaction and outcome of synchronized dual implants, and we cited relevant results from that study in our manuscript.

Changes in the text: this was added to the second paragraph of the AUS section.

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Comment 2: Also, 'proctectomy' is written early in the introduction - should this read prostatectomy?

Reply 2: we thank the reviewer for drawing our attention to this typo. We changed it to "prostatectomy".

Changes in the text: this was corrected in the introduction section.

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**Reviewer B**

Comment 1: What/why the need(s) for concurrent SUI treatment at the time of IPP surgery?

Reply 1: some benefits from synchronous dual implants are related to higher rates of patients' satisfaction. Also, some patients would desire performing both procedures simultaneously to being under anesthesia twice and to undergo a single recovery period for both implants. Another aspect is a financial aspect giving that synchronous surgery is more cost-effective.

Changes in the text: see additional details in the second paragraph in the AUS section.

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Comment 2: What are the limitations or dangers of concurrent SUI surgery at the time of IPP surgery as well as how best to undertake both surgery (which one goes first)?

Reply 2: those points were addressed in detail in paragraph 2 in the AUS section, including different approaches for the surgery either with a single incision or two separate incisions. We discussed reported outcomes in the literature including reported complications, advantages and disadvantages of synchronous vs asynchronous dual implants.

Changes in text: no changes were made.

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## Reviewer C

Comment 1: Please add a methods section. Although it is a narrative review, one paragraph about how you selected the studies and how you divided the available treatment modalities might be of use.

Reply 1: Thank you for this suggestion. We do agree that although this is review, it is important to add a section regarding our methodology for this paper.

Changes in the text: Please see updated methods section.

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Comment 2: The authors are kindly requested to cite and comment on a recent meta-analysis on the filed performed by Dr. Yafi Pyrgidis N, Barham DW, Hammad M, Sokolakis I, Hatzichristodoulou G, Lentz AC, Simhan J, Yafi FA, Gross MS. Synchronous Surgical Management of Erectile Dysfunction and Stress Urinary Incontinence: A Systematic Review and Meta-Analysis of Reoperation Rates. *Sex Med Rev.* 2022 Oct 1;10(4):782-790. doi: 10.1016/j.sxmr.2022.08.003. PMID: 37051965.

Reply 2: We would like to thank the reviewers for suggesting this article. This is a very informative study that should be included in our review.

Changes in the text: this was added to the second paragraph of the AUS section.

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Comment 3: I would also add a commentary about the costs of concomitant vs separate treatment of SUI and ED. Some relevant studies to help you with that:

Sellers CL, Morey AF, Jones LA. Cost and time benefits of dual implantation of inflatable penile and artificial urinary sphincter prosthetics by single incision. *Urology* 2005;65: 852–853. doi: 10.1016/j.urology.2004.11.017.

Shamout S, Nazha S, Dragomir A, et al. A cost-utility analysis of artificial urinary sphincter versus AdVance male sling in post prostatectomy stress urinary incontinence: A publicly funded health care perspective. *Neurourol Urodyn* 2018;37: 2195–2203. doi: 10.1002/nau.23559.

Rezaee ME, Ward CE, Brandes ER, et al. A review of economic evaluations of erectile dysfunction therapies. *Sex Med Rev* 2020;8:497–503. doi: 10.1016/j.sxmr.2019.06.001.

Reply 1: This is an excellent suggestion by the reviewer. We agree that cost is of vital importance, especially for cancers survivors, so this needs to be addressed in our review.

Changes in the text: We added two of the above studies in the second paragraph of the AUS section, and the last study in the first paragraph of the artificial urethral sphincter paragraph.