

Peer Review File

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Reviewer A

First, the authors need to correctly indicate the clinical research design and the corresponding reporting guideline. According to the guidelines for authors of AME journal, the current study has more than 10 cases, so it cannot be a case series. Please consider to report it as a retrospective cohort study.

Reply: Thank you very much for your helpful comments. As you suggested, the clinical research design was reported as a retrospective cohort study and the corresponding STROBE Statement was submitted. Changes can be seen in Page1 line2, Page2 line7 in the text.

Second, the abstract needs further revisions. The background did not explain why EA is potentially effective and safe for CUR following LMNL. The methods need to describe the inclusion of subjects, details of EA treatment such as the acupoints and intensity, and measurement of safety outcomes. The results need to describe the baseline clinical characteristics of the study sample. This is not a RCT, so the conclusion should be tone down and have comments on the limitations of this study.

Reply: Thank you very much for your insightful comments. In the background of the abstract, the explanation about why EA is potentially effective and safe for CUR following LMNL has been added. Changes can be seen in Page2 line4-5 in the text. In the methods of the abstract, the description of the inclusion of subjects, details of EA treatment such as the acupoints and intensity, and measurement of safety outcomes has been added. Changes can be seen in Page2 line7-16. In the results of the abstract, the baseline clinical characteristics of the study sample has been described. Changes can be seen in Page2 line17-18 in the text. In the conclusions of the abstract, comments on the limitations of this study were added. Changes can be seen in Page3 line1-5 in the text.

Third, the introduction should have more TCM theories on why acupuncture is effective for CUR following LMNL, please review the differences between EA and manual acupuncture and analyze why EA is used in the current study.

Reply: Thank you very much for your useful comments. In the introduction, we have provided more TCM theories on why acupuncture is effective for CUR following LMNL. Changes can be seen in Page5 line28-30 and Page6 line1-6 in the text. As you suggested, we also have reviewed the differences between EA and manual acupuncture and analyze why EA is used in the current study. Changes can be seen in Page6 line6-11 in the text.

Fourth, in the methodology of the main text, please correctly describe the clinical research design, sample size estimation, and explain why this study was not designed as a RCT. Please report the details of EA according to the STRICTA guideline and the

details of safety assessment. Please use a separate part to describe the statistical analysis of this study.

Reply: Thank you very much for your helpful comments. We have changed the description of the clinical research design to a retrospective cohort study. Changes can be seen in Page6 line23 in the text. Sample size estimation was not performed at first, because this observational study was a retrospective cohort study without a controlling group. Following your advice, the additional details of EA according to the STRICTA guideline and the details of safety assessment was added. Changes can be seen in Page8 line3-19 and Page9 line28-30 in the text. And we also used a separate part to describe the statistical analysis as you suggested. Changes can be seen in Page10 line3 in the text.

Finally, please consider to cite several related papers:

1. Liu QY, Xu LC, Yi M. Anti-nociceptive mechanisms of electroacupuncture in inflammatory pain. AME Med J 2017;2:82.
2. Wang GX, Zhou J, Chen YM, Xu LD, Tao SM, Ma J, Sun YH, Wu MS, Chen ZW, Zhu YF, Xie MR. Mechanism of electroacupuncture at acupoints of the lung meridian through PKA/PKC regulation of TRPV1 in chronic cough after lung surgery in guinea pigs. J Thorac Dis 2023;15(4):1848-1860. doi: 10.21037/jtd-23-409.
3. Burns ZR, Vishwanath VM, Ceballos B, Selph JP. Evaluation and management of urinary retention after pelvic radiation therapy. AME Med J 2022;7:2..
4. Cao M, Wu X, Xu J. A systematic review and meta-analysis of neostigmine for urinary retention after surgeries. Transl Androl Urol 2022;11(2):190-201. doi: 10.21037/tau-22-16.

Reply: Thank you very much for your helpful comments. Per your suggestion, these related papers have been cited in this article. Changes can be seen in Page15 line18-32 in the text.

Reviewer B

1. Keywords: do you mean ‘cohort study’?

8 **KEY WORDS:** Chronic urinary retention; pelvic or lumbosacral tumor resection
9 surgeries; electroacupuncture; **cohort**

Reply: Thank you very much for your comments. It means “cohort study”. Change can be seen on Page 3 line 9.

2. Highlight box

- 1) Please introduce all abbreviations in their first appearance.
- 2) As for the third question ‘**what should change now**’, please consider providing your replies to this question.

Reply: Thank you very much for your comments. Per your suggestions, change have

been made in the Highlight box and can be seen on Page 4.

3. Line 131: please introduce the abbreviation in its first appearance.

127 **Study Design and Patients**

128 This was a **retrospective** single-center **cohort study** performed at Guang'anmen

129 Hospital, China, Academy of Chinese Medical Sciences from March 1, 2017, to June

130 30, 2020. **As longer catheterization can result in more complications and negative**

131 **impacts on patients' life quality, this study was not designed as a RCT out of ethical**

Reply: Thank you very much for your comments. Change can be seen on Page 6 line 26-27.

4. Lines 200-202: please check if any reference should cite to the score authors mentioned.

199 patients with severe difficulty in urination and patients with stool retention from

200 baseline, as well as the proportion of patients with catheterization and the Patient

201 Global Impression of Improvement (PGI-I) score of 1 (much better) or 2 (moderately

202 better) were also assessed after treatment. In addition, the incidence of recurrent

Reply: Thank you very much for your comments. A reference has cited to the score. Change can be seen on Page 9 line 3.

5. It suggests revising the ethical statement in the Method section and footnote as below.

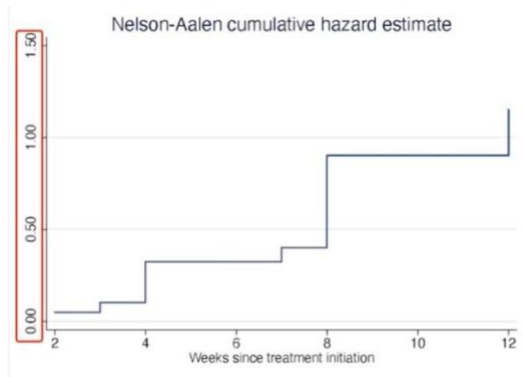
- Suggested wording in the Method section: This study was conducted in accordance with the Declaration of Helsinki and was approved by the Ethics Committee of Guang'anmen Hospital (No. 2018-102-KY-01). All patients had signed the written informed consent prior to participation. This study was registered at Chinese Clinical Trial Registry (registration number: ChiCTR1800020222).

- Suggested wording in Footnote: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. This study was conducted in accordance with the Declaration of Helsinki and was approved by the Ethics Committee of Guang'anmen Hospital (No. 2018-102-KY-01). All patients had signed the written informed consent prior to participation. This study was registered at Chinese Clinical Trial Registry (registration number: ChiCTR1800020222).

Reply: Thank you very much for your comments. Change can be seen on Page 6 line 28-30, Page 7 line 1-2 and Page 13 line 26-30.

6. Figures & Tables

- 1) Figure 1, please provide figure 1 in an editable format (Word or PowerPoint) for better copy editing. Additionally, as figure 1 is a flowchart, please consider revising the figure legend more specifically, e.g. Flowchart of the patient exclusion process, instead of 'study overview'.
- 2) Figure 2B, please check if the meaning of the red dashed lines should explain in the figure legends.
- 3) Figure 3B, please see if any description should add to the Y-axis.



- 4) Table 2, please see if any heading should be added to the top left cell.

Table 2. Treatment outcomes at the 12th week since EA treatment initiation.

	Outcomes (n=20)	Decrease from baseline	P value
Responders, n (%)	14 (70.0)	—	—
Reduction of 90% to 100% in PVR, n (%)	7 (35.0)	—	—
PVR (95% CI), ml	150.8 (66.5, 235.0)	337.7 (230.5, 444.8)	<0.001

- 5) Any abbreviations used in figures and tables or their description should be defined in a footnote beneath each corresponding table/figure. Even if they were explained in the main text, full terms must be presented again in the corresponding figures and tables, so that figures and tables can be read on their own.

Reply: Thank you very much for your comments. Changes can be seen in Table 2, Figure 1, Figure 2 and Figure 3.

7. The **Vancouver system** of referencing should be used and we suggest using EndNote to manage the references. In the text, cite the references **numerically (in round brackets) and consecutively in the order of appearance; do not place superscript citations**. They should follow behind the previous word. And there is a space between the previous word and reference.

[e.g., “The First International Consensus Conference on Laparoscopic Liver Surgery was held in Louisville in 2008 (3).”].

Reply: Thank you very much for your comments. Per your suggestion, we used EndNote to manage the references and the references style has met the above requirements. Changes can be seen in the manuscript.

8. Lines 305-306: ‘studies’ is mentioned in the following sentence, please check if any more references should cite here.

304 The treatment effects of EA are related to specific acupoints selected and electrical
305 stimulation. According to TCM theory and modern **studies** on physiological and
306 pathological mechanisms, specific acupoints have effects on specific symptoms³². For

Reply: Thank you very much for your comments. A new reference was added. Changes can be seen on Page 12 line 14.