

Peer Review File

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Reviewer A

1. Although the statistical tests employed (t-tests, ANOVAs, Chi-Square Test, Fisher exact test) are mentioned, it would be beneficial to provide additional details regarding their specific applications to analyze distinct datasets.

Reply: Thanks for your valuable suggestions, We have modified our text as advised, and provided additional details regarding the specific applications of the statistical tests to analyze distinct datasets.

Changes in the text: page9, line 188-190.

2. In the article, there is room for improvement in terms of clarity and readability, as some sentences are lengthy and may pose challenges for comprehension. Additionally, a more concise and organized structure could enhance the overall quality of the article.

Reply: Thank you for your valuable and thoughtful comments. We have carefully checked and improved the English writing in the revised manuscript (the changes to our manuscript were also highlighted by using yellow colored text.). We will polish the language by the editing service to improve readability of the manuscript.

Changes in the text: Revised portion are marked in yellow in the whole paper.

3. Results:

-I miss the presence of a table specifying the baseline characteristics of the patients, which includes personal histories, previous treatments if any, and concurrent illnesses, beyond just age.

Reply: Thanks for the constructive advice. As you suggested, we have added the relevant table specifying the baseline characteristics of the patients

Changes in the text: table1

-It would be beneficial to compare whether there are differences in these baseline characteristics among the three treatment groups.

Reply: Thank you for this very insightful comment. In the newly added table 1, we compared the differences in these baseline characteristics among the three treatment groups.

Changes in the text: see table1

- The article does not provide an explanation for the assignment of each patient to a specific treatment type.

Reply: Thank you for making this valuable suggestion. In the retrospective study, the assignment of each patient to a specific treatment type depended on the doctor's treatment recommendations and personal circumstances.

Changes in the text: see page 5, line 99-100.

4. Discussion

- While discussing the variations in muscle function improvement among the treatment groups, it would be beneficial to elucidate the clinical significance or potential consequences of these distinctions on patient outcomes and treatment strategies.

Reply: Thanks for the kind reminder. We have added the clinical significance and highlighted the changes in yellow.

Changes in the text: line320-327.

- The study's limitations, beyond being solely retrospective, encompass patient loss during follow-up, insufficiently clear treatment allocation, a lack of comprehensive patient characteristics data, and the absence of a multivariate analysis to potentially account for the influence of various factors on the observed differences.

Reply: Thank you for your valuable suggestion. As you mentioned, the limitations of this article go beyond retrospective studies, lack of baseline characteristics such as age, BMI, No. of vaginal deliveries, etc. ① According to your suggestion, we add table1 to present patient baseline characteristic. Due to the heterogeneity of baseline age among the three groups, we use deltas (i.e., relative differences between follow-up and baseline calculated per patient) to evaluate the results; ②In this retrospective study, patients who lost to follow up were not included, and the choice of treatment plan for each patient is based on the doctor's advice and the patient's wishes; ③The main purpose of this study was to evaluate the effectiveness of three methods in treating POP-Q stage II cystocele, considering the significant difference in the number of cases between groups, multivariate analysis to potentially account for the influence of various factors on the observed differences were not mentioned.

Changes in the text: table1

- Offering insights into the duration of these effects and potential long-term benefits would enhance the conclusion, as it currently mentions delaying prolapse occurrence or worsening without specifying the timeframe or extended advantages.

Reply: Thanks for the constructive advice. In this study, we analyzed the data of patients at different time points within one year from the start of treatment, with the aim to evaluate the maintenance of treatment effectiveness. We further reviewed relevant literature and found that among the methods of pelvic floor physical therapy, the most common follow-up is within one year after treatment, and it is generally recommended that patients undergo corresponding re-evaluation and treatment after one year. Of course, we will also further extend the observation period to observe the duration of the effectiveness of each treatment.

Changes in the text: line329-331

- An intriguing observation in this study is the apparent improvement in stress urinary incontinence (SUI) with radiofrequency treatment, while no similar improvement is noted in prolapse, as seen with pessary use. This discrepancy prompts further exploration into the underlying mechanisms and factors influencing these distinct treatment outcomes.

Reply: Thanks for the kind reminder. According to the results, the apparent improvement in stress urinary incontinence (SUI) with radiofrequency treatment, while no similar improvement is noted in prolapse, as seen with pessary use. In terms of treatment mechanisms, different

treatment methods have different onset mechanisms. In our study, the Ba point in the POP-Q system of patients were all ≥ 0 cm in PFMT+P group, while $-1\text{cm} < \text{Ba point} < 1\text{cm}$ in PFMT+RF group, when evaluating efficacy, the improvement of prolapse symptoms in the pessary group may be more easily detected, but more precise results may require further expansion of sample size and fine grouping. It is hoped that future randomized controlled trials or basic research will further explore the potential mechanisms of each treatment effect.

Reviewer B

The study investigates the real-world effectiveness of nonsurgical treatments for female with POP-Q stage II cystocele.

-I would just ask which kind of effectiveness? Clinical, cost, etc.

Reply: Thanks for the kind reminder. Our study aims to present the real-world clinical effectiveness of nonsurgical treatment, including pelvic floor muscle training (PFMT), pelvic floor muscle training combined with pessary (PFMT+P) or non-ablative radio-frequency (PFMT+RF) for female with stage II cystocele. We have added “clinical” in the title and abstract. Changes in the text: We have added “clinical”. See Page1 and page2, Title and line 24..

-The nonsurgical treatments mentioned here are PFMT, PFMT+P, PFMT+RF. It looks to be mainly PFMT and PFMT + others. Do you have a control group received other treatment or not received treatment? It is just important to explain in the text if the comparison here is subgroup with mainly PFMT.

Reply: Thanks for the kind reminder. According to the guidelines for pelvic organ prolapse, PFMT is the first-line treatment for POP-Q stage II cystocele. Therefore, we have set up three groups, PFMT, PFMT+P, and PFMT+RF. PFMT is routine for all included patients with cystocele. In fact, the PFMT group is equivalent to the control group, while the other two groups have received pessary or radio-frequency treatment combined with PFMT. Thank you for your suggestion. We have explained this in the group design section.

Changes in the text: line97-99

-I don't know if I miss something, but I don't find the tables in all manuscript I downloaded.

Reply: Thanks for the kind reminder. I'm sorry that the tables were not successfully uploaded. We have now contacted the editorial department to re upload it.

Changes in the text: table1-table4

- Raw 28: I advise to replace degree II cystocele by POP-Q stage II cystocele.

Reply: Thank you for your valuable suggestion. We replaced degree II cystocele by POP-Q stage II cystocele in the whole manuscript.

Changes in the text: We have corrected the words and highlighted the changes in yellow.

- Raw 92, 93: what did you check with ultrasound? Describe and refer to previous publication.

Reply: Thank you for your valuable suggestion. In fact, we conducted relevant examinations on the pelvic floor of each patient through trans-labial ultrasound, including retrovesical angle,

urethral tilt angle, etc , but Ba point and BSD are more related to the cystocele we studied, as explained in the article.

- Raw 99: exclusion criteria: was hysterectomy an exclusion criteria? yes, or no?

Reply: Thank you for your valuable suggestion. Hysterectomy was also an exclusion criteria. Changes in the text: see line 101. We have added the exclusion criteria and highlighted the changes in yellow.

Changes in the text: page 5, line104

- Raw 164-166: POP-Q point Ba measurement by ultrasound: It is not described your reference point and no reference.

Reply: Thanks for the kind reminder. In our study, POP-Q point Ba measurement by ultrasound: our reference point is the horizontal line of the posterior inferior margin of the pubic symphysis, and we have added the reference about trans-labial ultrasound

Changes in the text: page5,line94

- Raw 205: Table 1. Where is table 1?

- Raw 218: table 2. Where is table 2?

- Raw 221: table 3: where is table 3?

Reply: Thanks for the kind reminder. I'm sorry that our tables were not successfully uploaded, now we have reuploaded them.

Changes in the text: table1, table2, table3, table4

Discussion part is very long and should be concentrated on the results and reflects to the literature. I advise the author to shorten this part.

Reply: Thank you for your valuable suggestion. We have analyzed the results section , reviewed the latest literature, and shortened the discussion section.

Changes in the text: see the part of Discussion, We have shorten this part and highlighted the changes in green.