

Review A:

Comment 1: The objective of this article - "examine the current literature in AABP" - seems too broad, and the paper reads more like an opinion piece or book report than a rigorous review of the literature. A number of important studies were left out, suggesting that the literature review was not comprehensive. No clear thesis.

Reply 1: We appreciate the feedback regarding our submission and the reviewer's time in reviewing the manuscript. The objective of the article was to hone in on the physical and psychologic morbidity in the management of AABP, which we hoped was a more narrow scope than the gargantuan task of reviewing all current literature on AABP which would be more appropriate for a text book chapter. We gave the thesis that while our understanding is improving, we may be unprepared to adequately treat patients. While we believed we were comprehensive in our review, we would be happy to include additional landmark studies and have done another literature search without finding any other significant articles to include.

Changes in text: The introduction, specifically the last paragraph, was modified to more clearly emphasize the objective of the review to being the physical and psychologic morbidity of AABP while pointing out a thesis that we have progress to be made in terms of developing our management of the condition (Page 4, Lines 9-15). The section on the operative approach was eliminated and salient points were included elsewhere in order to narrow the scope (Previously on Page 5 following methods)

Review B:

Comment 1: The Peri-operative considerations section should be moved to just before the conclusions.

Reply 1: We agree with moving this section of the manuscript. It seemed to fit best prior to the section on challenges in management and was moved here..

Changes in text: Section was moved to just before the current challenges in management section (Pages 9-11).

Comment 2: The physical morbidity section talks about rare conditions like penile cancer and urethral stricture which is great. The level of detail on the length of the urethral strictures is probably more for a paper on correcting lichen sclerosus and not needed in this paper. Additionally, this would be a good section to insert information and detail on associated morbid obesity, diabetes, metabolic syndrome, etc as these are the more common physical characteristics associated with this condition. I would also consider discussing these rates in circumcised vs. Uncircumcised patients.

Reply 2: Thank you for this thoughtful comment. While obesity and metabolic syndrome are more frequently associated this is less of a result of AABP and more of a cause. Either way, we agree that this could use more discussion in the paper. While the length of strictures is a bit detailed, we believe that including a sentence about this is useful as a brief statement to emphasize that the reconstruction of urethra stricture is not trivial in this population. Since this is not the typical presentation of urethral stricture that many would first think, this seemed at least worth a brief mention.

Changes in text:

- The discussion of length of strictures was truncated to draw less attention (Page 6, lines 3-6)
- Additional discussion of metabolic syndrome and obesity management was added to the peri-operative management and challenges in management sections (Page 12, line 14 – Page 13, line 3).

Comment 3: This section is very general. It would be more informative if you talk about the multimodal approach required to manage this patient, including management of blood sugars and comorbidities, treatment of the weight gain (weight loss methods including bariatric surgery) and ultimately surgery and surgical recovery. You could also talk about re-occurrence rates and touch on potential complications following surgery here. I do agree the challenges in realizing this is a treatable issue and finding a surgeon willing and capable of correcting the issue are an obvious barrier as well and this is appropriately noted in this section.

Reply 3: This feedback is well received. This is a true issue and challenge with management that can be difficult for primary care physicians and burden the Urologist managing these patients.

Changes in text:

- Citations and discussion of weight loss as a conservative method for management were added to the challenges in management section (Page 12, line 14 – Page 13, line 3).

- Discussion of recurrence rates and complications were included in the perioperative management section on Page 11, Lines 12-18.