

Peer Review File

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Reviewer A

The authors conducted a prospective, multicenter analysis to evaluate PDU findings in the context of their patients' clinical characteristics and their sexual function scores. They concluded that patients reporting sexual dissatisfaction have similar PSV findings to patients with ED, and that the current cut-off of 35 cm/s is too low.

1. Overall impression – The methodology of this study is robust and its greatest strength, as prospective data is high quality and they have collected a large sample size. The manuscript is weakened by the phrasing/writing, organization, and lack of a clear hypothesis.
2. Introduction – The beginning of the introduction contains several sentences that could use alternate phrasing or clarification. For example, in line 2, the authors should expand upon what they mean by the statement, “Erectile dysfunction (ED) is the second sexual dysfunction affecting men...” They should also rectify the grammar of the sentence that begins in line 4, “One of the most...” Finally, the authors have collected a lot of information in this study, which should be commended, but when analyzing a large number of variables, it would be helpful if a clear hypothesis were stated as to what the authors are specifically expecting to find.
3. Methods – The methods described by the authors are robust and explained appropriately. They have collected an impressive amount of information, and the statistical analysis appears to be appropriate and robust.
4. Results – It does not seem necessary to include the baseline characteristics in such detail in the first paragraph of the results. I would recommend summarizing the most interesting population differences, and including the full breakdown of baseline characteristics in a Table 1 as is traditionally done in this type of study.
5. Discussion – I would suggest the authors restate their main conclusions early in the discussion, given the high number of different comparisons that they made. The discussion is otherwise appropriate, but I would advise the authors to answer the following questions/concerns: There seems to be a large overlap between the patients that had sexual dysfunction and erectile dysfunction, can we truly treat these as independent groups? Given the high level of predictive value of the BSSC questionnaire, what is the added benefit of PDU that the authors observed? Did the authors also assess depression or anxiety questionnaires?

Reply to reviewer A:

1. We revised the entire paper in order to strengthen its writing and included a clear hypothesis in the aim of the study, in the introduction paragraph.
2. We rephrased the sentences pointed, and included a clear hypothesis, as stated before.

3. Thank you for your kind considerations. We included the normal parameters in this section in order to make clearer the hypothesis. We also clarified some exclusion criteria.
4. As suggested, we summarized the baseline characteristics of the cohort in an additional table numbered as 1, and renamed the other tables previously present. We erased the excessive data from the results section.
5. Patients with ED are part of a wider group of sexually dissatisfied patients. We never tried to treat them as separate groups, but to investigate if a simple question about being sexually satisfied could foresee the abnormal vascular parameters present. We tried to clarify this in the text. We added a sentence to respond to the need of performing a PDU. We did not evaluate depression or anxiety with specific questionnaires, but we think this is a good proposal for our ongoing sample. We stated that as a limitation of the study.

Reviewer B

This is a good article by Garcia-Gomez et al evaluating the current duplex ultrasound parameters and correlating it with co-morbidities and patient satisfaction. The article is well-written and demonstrated that current PSV of 35 is too low. The important limitation of lack of normal cohort is listed in the discussion.

To enhance the presentation, I recommend showing the demographics in the Results section as a table or figure.

Reply to reviewer B:

Thank you for your kind revision and for your time. We agree in the main limitation of the study, as stated in the discussion. As also suggested by reviewer A, we erased the excessive data from the results section and summarized it in an additional table named as 1.