
Peer Review File

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Review Comment-Reviewer A

Comment 1: First, the title needs to indicate the comparisons of efficacy and safety and the clinical research design, i.e., a retrospective comparative cohort study.

Reply 1: we have modified the title.

Changes in the text: we have modified our text as advised (see Page 1, line 4)"

Comment 2: Second, the abstract is not standardized and needs further revisions. The background did not indicate the clinical needs to compare the two treatments and what the knowledge gap is in relation to their relative efficacy and safety. The methods need to describe the inclusion of subjects, assessment of baseline clinical characteristics, follow up procedures, and outcome measures of efficacy and safety. The results need to describe the characteristics of the two groups and their baseline comparability. Because this is not a RCT, the current conclusion is overstated, which should be tone down.

Reply 2: We have modified the background in the abstract. Because of the word limit of the abstract, we describe the inclusion of subjects, assessment of baseline clinical characteristics, follow up procedures, and outcome measures of efficacy and safety in the main text (see Page 4, line 29-30). we also describe the characteristics of the two groups and their baseline comparability in the main text (Page 7, line 19-20 and Page 8, line 5-13). We have modified the conclusion in the abstract.

Changes in the text: We have modified our text as advised (see Page 2, line 5-6 and Page 3, line 7-9).

Comment 3: Third, in the introduction of the main text, the authors cannot use “few studies have compared the outcomes of the two treatments” as the rationale for this study. The authors need to describe the clinical needs for comparing the two treatments and what the knowledge gap is in relation to this research focus.

Reply 3: We have modified the introduction of the main text.

Changes in the text: We have modified our text as advised (see Page 4, line 10-12).

Comment 4: Fourth, in the methodology of the main text, please describe the clinical research design, sample size estimation, assessment of baseline clinical factors, follow up details, and measurements of efficacy and safety outcomes. Please describe in the authors’ real-world clinical practice, how the two treatments were selected for an individual patient. The part of statistics should be described in a separated part. The authors need to first assess the baseline comparability of the two groups, and if not comparable, please consider multiple regression analysis to do adjustment analysis. The results from the direct comparisons are misleading due to confounders. Please ensure $P < 0.05$ is two-sided.

Reply 4: We have modified the the main text. We assessed the baseline comparability of the two groups. (see Page 7, line 19-20). We ensure that $P < 0.05$ is two-sided.

Changes in the text: We have modified our text as advised (see Page 4, line 29-30 and Page 5, line 3-5).

Review Comment-Reviewer B

The paper titled “Repair of proximal hypospadias with single-stage (Duckett’s method) or Bracka two-stage: a retrospective comparative cohort study” is interesting. Compared with the Duckett procedure, the Bracka two-stage repair may be a safer and more reliable approach for proximal hypospadias in children. The Bracka two-stage repair should be used for perineal hypospadias. The larger the urethral defect after chordee correction, the greater the possibility of a postoperative urethral fistula. However, there are several minor issues that if addressed would significantly improve the manuscript.

Comment 1: The abstract is not adequate and needs further revisions. The research background does not indicate the clinical needs of this research focus. The study results need to show the clinical characteristics of the two groups of patients.

Reply 1: We have modified the research background and the study results.

Changes in the text: we have modified our text as advised (see Page 2, line 5-12 and line 19-20)

Comment 2: The description of figure legend in this study is too simplistic, please describe in detail.

Reply 2: We have modified the description of figure legend.

Changes in the text: we have modified our text as advised (see Page 17, line 2-10)

Comment 3: The introduction of the text does not explain the advantages and necessity of Bracka two-stage. The authors need to clearly indicate the knowledge gaps and limitations of prior study and the clinical significance of this study.

Reply 3: We have modified the introduction of the text.

Changes in the text: we have modified our text as advised (see Page 4, line 8-13)

Comment 4: It is suggested to increase the follow-up examination for a longer time, which may make the conclusion more convincing.

Reply 4: At present, we are still following up these patients and will add longer follow-up results in future studies.

Changes in the text: -

Comment 5: There are many uncertainties in retrospective research, which increase the deviation of research results. How to explain and solve this problem?

Reply 5: The information on voiding stream analysis was not assessed in this study, and this may lead to deviations in research results. The above limitations allowed the conclusions to be applicable only to short-term postoperative hypospadias assessment. Further prospective

studies will help to confirm our results.

Changes in the text: -

Comment 6: The introduction part of this paper is not comprehensive enough, and the similar papers have not been cited, such as “Individual treatment strategy for single urethrocutaneous fistula after hypospadias repair: a retrospective cohort study, *Transl Androl Urol.* 2022 Sep;11(9):1345-1353. doi: 10.21037/tau-22-559”. It is recommended to quote the article.

Reply 6: We have modified the text.

Changes in the text: we have modified our text as advised (see Page 12, line 15 and Page 15, line 31-32)

Comment 7: The discussion did not indicate the preventive measures for postoperative complications of hypospadias.

Reply 7: We have modified the text.

Changes in the text: we have modified our text as advised (see Page 12, line 17-22)