

Peer Review File

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Reviewer A

It is interesting, but i have the following questions:

1. Line 81-83 “Medical treatment of SUI mainly includes lifestyle interventions, pelvic floor muscle training (PFMT), electrical stimulation, drug therapy and surgery”. The related references should be added. You might consider “Feng D, Liu S, Li D, Han P, Wei W. Analysis of conventional versus advanced pelvic floor muscle training in the management of urinary incontinence after radical prostatectomy: a systematic review and meta-analysis of randomized controlled trials. *Transl Androl Urol.* 2020 Oct;9(5):2031-2045.” “Hwang UJ, Kwon OY, Lee MS. Effects of surface electrical stimulation during sitting on pelvic floor muscle function and sexual function in women with stress urinary incontinence. *Obstet Gynecol Sci.* 2020 May;63(3):370-378.”

My reply: Thank you for your input. The above excerpt comes from Zhu Lan and Sun Zhijing, Guidelines for the diagnosis and treatment of stress urinary incontinence in women (2017).I have listed additional references in the revised manuscript.

Changes in the text: page 4, line 81

2. Line 84. plan should be plans or schemes.

My reply: Thank you for pointing this out. The whole article has been revised.

3. Line 87-88. “Electrical stimulation are invasive treatments will result in greater 88 discomfort and Surgical treatment is appropriate for severe patients “ should be “Electrical stimulations are invasive which might result in greater discomfort and surgical treatment is appropriate for selective patients.”

My reply: Thank you for catching this error. The whole article has been revised.

4. Line 89-91. The former clinical researches did not include Zhongji acupoint, and the treatments included PFMT, which might serve as interference. The references you cited were not powerful. Besides, the sentences are needed to be edited by foreign language professionals.

My reply: We used four acupoints (*Zhongji*, *Guanyuan*, and bilateral *Dahe* points) in previous clinical research but limited this effort to the *Zhongji* point. This helped facilitate and improve the quality of blinding and enhance sham acupuncture reliability in controls. The *Zhongji* is one of the main points in our clinical regimen and is the *Mu*

acupoint of bladder. It is thus an essential site for treatment of bladder and urinary diseases; and in routine practice, it is one of the most commonly used acupoints in treating urinary incontinence.

We had addressed this earlier in a preliminary study, assessing change in BND as primary outcome measure. On this occasion, mean BND change (relative to baseline) following acupuncture was 3.95 ± 2.86 for the test group, compared with 1.11 ± 3.48 in controls.

5. The changes of pelvic floor structure are slowly, and the short-term effect might not have enough clinical significance.

My reply: Thank you for this insightful question. In our experience, acupuncture exerts immediate effects on pelvic floor structure. I have provided clinical cases, with imaging of pelvic floor structure before, during, and after 10 min of acupuncture. Please refer to the PPT file in Attachment 1. If you cannot open it, please check the attached Word document.

6. Inclusion criteria. lacking gender limitation.

My reply: Thank you for noticing. I have revised the stated criteria to include married women in a mature age range.

Changes in text: page 7, line 152

7. I think the control group can not ensure the concealment of blindness

My reply: Thank you, this is a valid concern. However, other sources (1,2) have proven the utility of sham procedures in clinical trials demonstrating the true efficacy of acupuncture procedures. Our participants will receive separate interventions to avoid any intercommunication.

[1]Huang H, Song XL, Zhao L, et al. Opposing needling for analgesia and rehabilitation after unilateral total knee arthroplasty: A randomized, sham-controlled trial protocol. *Trials*. 2020: 21(1).

[2]Liu ZS, Liu Y, Xu HF, et al. Effect of Electroacupuncture on Urinary Leakage Among Women With Stress Urinary Incontinence A Randomized Clinical Trial.*JAMA*. 2017;317(24):2493-2501.

8. What is the basis for the selection of outcome indicators ?

My reply: Thank you for posing this question. I have added references from the literature that confirm measurable BND, URA, RVA, and BN-S abnormalities, as well as urethral funneling and bladder bulging in this setting, all closely related to incidence of SUI.

Changes in text: page 5, line 98

Reviewer B

A very interesting topic of early effectiveness of acupuncture in females with stress urinary incontinence. There is a lack of data on this issue in the scientific literature and in addition strength of available evidence is weak. There is a need for prospective randomized trials in this area. The protocol presented by the authors is very well prepared, covering all the requirements for PRTs. Carrying out the research gives a chance to obtain reliable results. The strong point of the project is the analysis of the effects of acupuncture practically in real time.

My reply: Thank you for your affirmation. We will carefully conduct our follow-up randomized controlled clinical study.

The substantive part of the work is flawless and the authors should be commended. The entire manuscript should be stylistically corrected and carefully checked for minor grammatic issues.

My reply: As suggested, the entire manuscript has been revised by a native English-speaking professional proficient in scientific editing.

Reviewer C

The work presented to me for review concerns the treatment of stress urinary incontinence using the Zhongji method of acupuncture. Treatment of stress urinary incontinence is still a topical topic. The conservative treatment the authors write about has its limits.

Currently, the gold standard in the treatment of advanced stress urinary incontinence are slings (TVT and TOT) - effective operations, albeit requiring a lot of experience from the operator to be effective in the highest percentage. For this reason, sling surgery is not always successfully performed, and it can be associated with the occurrence of serious complications when it is performed by an inexperienced operator.

Treatment of stress urinary incontinence with acupuncture is little known, if not even known at all. The whole world is looking for the perfect method of treating stress urinary incontinence, but so far we do not have one. Perhaps the acupuncture method will change this, although most urogynecological circles are very skeptical about it. From my own experience, I can write that the acupuncture method in the treatment of stress urinary incontinence is completely unknown to me, but I am very interested from a scientific point of view.

My reply: Thank you for your validation.

The work is very original and written very methodically - the entire methodology is

carefully planned and described. **I have a question for the authors - was the urodynamic test performed, because if not, it should be included in the description.** I understand that these were patients with pure stress urinary incontinence and they did not require such diagnostics, but sometimes there are patients in whom it is difficult to diagnose the type of urinary incontinence despite an obvious history (patients with a history of stress urinary incontinence - they actually have symptoms of overactive bladder)

My reply: In this study, The diagnostic criteria were formulated with reference to the recommendation of the Sixth International Consultation on Incontinence for female patients with SUI, included patients signs of mild to moderate degree SUI, in order to ensure that in the case does not contain the patient of overactive bladder, mixed urinary incontinence , or urge incontinence patients, we set up a issue in the inclusion criteria, patients with urination symptoms such as frequent urination and urgent urination is not included in this study, Urodynamic devices were not used because they were clinically distinguishable. I explained this in the “discussiong part”

Changes in text: page13,line 279-285.

While reading the work, I am familiar with the acupuncture technique and the entire methodology, but I miss a visual presentation of the results of the examination - whether acupuncture significantly affects the ultrasound parameters or not and what is the treatment effect. It is very illegible for me and it needs to be supplemented, despite a small group of respondents in the form of e.g. charts (the number of respondents reduces the value of the work). There is very little work on this subject and this adds value to this article.

The positive value of this article is the fact that this work gives the authors the opportunity to continue their research, which in the future, in a larger number of respondents, may give us an answer whether we should actually go in this direction. Original work, deserving praise, especially for its methodology.

My reply: Your kind remarks are appreciated. We have found that the effects of acupuncture on pelvic floor structure are immediate. clinical cases, with testing before, during, and after 10 min of acupuncture, is cited in the PPT file of Attachment 1. If you cannot open this, please check the attached Word document.