Peer Review File

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Reviewer A

Comment 1: The authors provide a thorough review of surgical techniques for penile cancer. In Line 70 they state that they will also address radiation modalities. Some of the surgical techniques that they review are not widely used anymore, for example Moh's surgery (lines 104-123).

Others are discussed in some detail and receive disproportionate attention, considering the very small numbers of patients reported and short follow up on results. For example, line 178, "split thickness graft" is described for 12 patients with 14 months of follow up.
In line 205, "distal urethral advance", is described for 14 patients with 13 months of follow up.
In Line 264, "revised parachute technique" has been reported for 3 patients.
In line 292 only 3 patients from China are described having been treated with PDT and circumcision.

Lines 322-324 refer to brachytherapy and state "despite promising results this treatment modality needs additional evidence from more robust studies". However, in contrast to the preceding studies, the literature provides results for more than 500 patients treated with PDR or LDR brachytherapy, and over 150 treated with HDR brachytherapy. 85% penile preservation at 5 years and 70% at 10 years is widely reported. If the authors' goal is really to describe effective cancer treatments that allow penile preservation, more emphasis should be given to this excellent modality and its well-established role in the curative management of T1-T2 penile cancer.

Reply 1: We first would like to thank you for the comments and we all agree with the need to reassure and specify in a better way the radiotherapy modalities, in specific brachytherapy. That's why we add 2 references of the topic and done some changes in the text. As you mentioned, it's a excellent modality.

It's true, that some modalities, such as Moh's surgery are not widely used, in fact here in Brazil we search in several centers urologist, uro-oncologist and dermatologists who had any experience in this procedure for penile cancer and we didn't found one. Nevertheless, we understand that since the Moh's micrograph surgery has been published in worldwide literature, it should not be excluded from our paper.

About the numbers of patients and the short follow up of the others techniques described in our paper, we understand that penile cancer is not a common disease and the specificity and complexity involved in some of these techniques demand teams with a high degree of expertise, probably making large series difficult to describe. Despite the limitations intelligently pointed out, we believe that the presence of these techniques in the publication is quite enriching for the discussion of the theme.

Reviewer B

Comment 1: Great review on a topic not seen often by most urologists.
Reply 1: Thank you for the attention.

Reviewer C

Comment 1: You state OSS has higher recurrence rate than penectomy- I didn't see where you justify that statement.
Reply 1: We neither. In fact, it was our mistake. Thank you to appointed. The new version we add a reference to state that (Vasileios Sakalis, Campi R, Barreto L, et al. What Is the Most Effective Management of the Primary Tumor in Men with Invasive Penile Cancer: A Systematic Review of the Available Treatment Options and Their Outcomes. 2022 Jun 1;40:58–94).

Comment 2: You state that must series in penile cancer are for locally advanced disease, however there are numerous series, pre-dominantly European, that are for early-stage disease.
Reply 2: Perhaps here we had a misunderstanding, and for that we apologize. What we want to said is that most of man diagnose with penile cancer has a locally advanced or worse disease. We change the text, specifying that 40% of men diagnose with PC has a localized disease, to make it clear.

Comment 3: I think you should reference the surgeon who described glans resurface, Bracka.
Reply 3: Dr Aivar Bracka's contributions to urology are known wordwilde. We couldn't agree more with the suggestion.

Comment 4: The TODGA dressing by Malone et al, means patient doesn't need to be on strict bed rest.
Reply 4: We did have read the TODGA technique, but in a first moment it didn't occur to us to mention this advantage in the paper. After your comment we agree to put in the text. Thank you for the reminder.

Comment 5: A split skin graft can be applied after partial penectomy.
Reply 5: That's true. But we prefer not to add in the text.

Comment 6: There are a few typographical issues e.g. neogland, darts instead of dartos.
Reply 6: They have been corrected, sorry for the inconvenience.