**Author's response to reviews**

**Title:** Correlation between Penile Cuff Test and Pressure-Flow Studies in patients candidates for trans-urethral resection of prostate

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**Version:** 4  
**Date:** 11 November 2014

**Author's response to reviews:**

Dear Editor,

Please find attached our replies to Reviewers’ comments.

We thank the Reviewers for all their valuable contributions.

**REF 1**

1, 4) The introduction has been reduced, with the paragraph about non invasive UD put in the discussion, focused on our results.

2) Toolkit for authors has been read.

3) We thank the Reviewer, all the information have been now put in the proper section.

5) Limitations have been added in the abstract.

6) References have been edited as required.

7) Table 1 has been included in order to outline the most significant results, while we miss further data, which were not relevant to the study. Moreover a further table has been added according to Ref 2 suggestions.

**REF 2**

1-2) We thank the Reviewer but we miss data on IPSS. As reported in the text, patients had been previously scheduled for surgery on the basis of urologist indication; we miss IPSS and other clinical data not included in the text. It should be considered that the aim of this study was not to investigate the role of PCT with regard to surgery indication but only to make a comparison between PCT and PFS results in patients candidate to surgery.

3) We thank the Reviewer, a further table as suggested has been now included in the paper.
4) Indeed, as the Reviewer pointed out, our purpose was exactly to make a comparison between PCT and PFS, using PFS as the standard comparison after PCT. Qmax was a further parameter evaluated, which revealed not to improve our results. STARD flow chart has been drawn accordingly to the aim of the study.

5) A picture of PCT has been added in the text.

REF 3

1) Please, see reply 1-2 to the previous Reviewer.

2-3) We thank the Reviewer, between the exclusion criteria we considered drugs impairing bladder contractility or impacting on LUTS function. This details has now been included in the manuscript.

4) PVR was calculated by ultrasound and this information has now been added.

5) Approval by local ethics committee of the hospital was obtained, as now included in the text.

6) Yes, PCT and PFS were performed on the same day. We did not consider PCT as an influencing factor on PFS.

Sincerely yours,

On behalf of all the authors,

Enrico Finazzi Agrò
Daniele Bianchi