Author’s response to reviews

Title: Adherence and Barriers to Penile Rehabilitation Over 2 Years Following Radical Prostatectomy

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Author’s response to reviews:

RE: Manuscript BURO-D-19-00053
Adherence and Barriers to Penile Rehabilitation Over 2 Years Following Radical Prostatectomy
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BMC Urology

Dear Lingling Yuan, Reviewers and the Editorial Staff:

Thank you so much for your review and input on our manuscript "Adherence and Barriers to Penile Rehabilitation Over 2 Years Following Radical Prostatectomy" (BURO-D-19-00053) for publication in BMC Urology.

We used the first name with the last initial for the first and last author because they share the same initials of JA.

We have provided point-by-point responses below and tracked our changes in the manuscript.

Reviewer reports:
Federico Deho (Reviewer 1): This article investigates a timely and interestingly topic. No remarks or comment Thank you!

Ateş Kadioğlu (Reviewer 2): This is a study evaluating adherence and barriers to penile rehabilitation over 2 years following radical prostatectomy.

Following major and minor points should be taken into consideration
1) Introduction unnecessary long and should be shortened. – We did delete a large portion of the introduction that specifically went into detail about penile rehabilitation research from the past as requested. Please see all deleted paragraphs from the background section. Thank you for your suggestion.

2) In the method section the explanation of the treated and untreated SHIM score should be given (table 3) – We added this explanation in the method section as requested in page 7 of the manuscript in the first paragraph with the tracked changes. Thank you!

3) The authors should discuss the use of tadalafil 20 mg 3 times/week with daily use 5 mg tadalafil. They were allowed to take the medications up to 20 mg as needed at least three times a week and up to a maximum of daily and we added that information as requested on page 6 of the manuscript in the Method section in paragraph 1. Thank you!

4) Major limitation of the study is lack of the control group and should be discussed – We added this information in the discussion section on page 14 of the manuscript in paragraph 2. Thank you!

5) Conclusion part should be shortened and should only include major messages – We eliminated much of the conclusion leaving just the major messages. Thank you.

6) The number of the patients is low to compare two treatment modalities and should be mentioned as a limitation of the study – It is not a comparative study. It is a descriptive study, there is no control group and there is no comparative group. It describes one group before and after treatment and therefore the participants are compared to their selves before and after prostate cancer treatment and with continuing penile rehabilitation over time. The sample size did decrease and was smaller at the end due to attrition over the 2 years and we did point that out as a limitation as you recommend on page 14 in paragraph 2 with other limitations. We did also call for further control group research in the discussion limitations section and agree this is important to articulate to the reader. Thank you!

Jiuhong Yuan (Reviewer 3): Generally, this is a nice study assessing adherence and barriers to penile rehabilitation therapies following radical prostatectomy. Thanks for this nice work, I congratulate the authors for the present research. The downside is that limited sample size may reduce its clinical significance. Besides, the conclusion section is too long. – We did address these issues in the limitations section and the conclusion as above. Thank you.

Blessings,
Jeffrey Albaugh, PhD, APRN, CUCNS