Peer Review File

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Review Comments

Reviewer A

To Reviewer A

Dear colleague, thank you. Your review and advice are much appreciated
The replies will be in blue type.

Very interesting article.
The videos are well done. Hot topic on non-synthetic urethral support.
However, the article would gain clarity by systematically structuring the parts as follows:
- rational physiopathological
- description of the technique
- instructions
- efficiency
- limits and complications

At first reading, it is difficult to distinguish the techniques and their contributions to treatment.
Reply: Thank you for these suggestions. We have re-ordered and simplified the text.

Reviewer B

To Reviewer B

Dear colleague, thank you. Your review and advice are much appreciated. We have removed most repetitions and created a new figure 4 to clarify the ULP technique.
Replies will be in blue type.

Comment 1: Not sure this is novel, sounds very much like small modification on Kelly plication which has proven inferior to midurethral slings. The immediate cure was significantly higher than medium and long-term success rates which this author does not acknowledge.
Reply: Thank you for your comment. It stimulated us to add an extra figure, figure 4 to clarify.

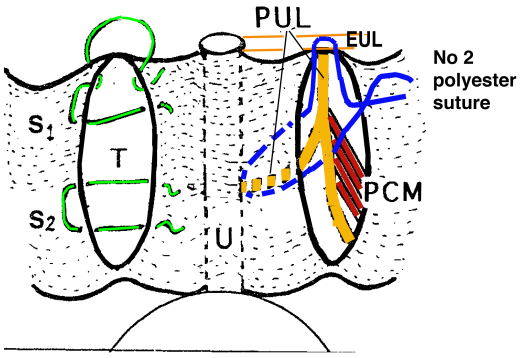

Figure 4 ULP operation. Perspective: looking into the anterior vaginal wall. Two full thickness parallel incisions are made in each sulcus to the level of bladder neck, and are opened out. The midurethral and descending branches of the pubourethral ligament (PUL) are located and sutured with no2 or no3 wide-bore polyester sutures as indicated, into the midurethral part of PUL, then its upper part, then into the external urethral ligament (EUL) , then into the medial part of pubococcygeus muscle PCM and tied , but not too tightly.

Comment 2:
Background
- You mention severe adverse events in the first paragraph. While possible, they are exceedingly rare which you don't convey to the reader. In a review of the US's FDA MAUDE database published in Obstetrics & Gynecology (Sassani et al) the authors note only 4 reported cases of death could directly be linked to the midurethral sling during the entirety of its use in the US. There is no evidence the minisling has significantly reduced these severe AEs.
Reply: As the co-inventor of the MUS (TVT) I have followed the complications very closely: 20 is probably an understatement.

Comment 3: I find it unusual that the author almost exclusively cites his own work where much has been done on the topic elsewhere.
Reply: It is a historical review and update of evolutions from the original MUS (TVT). I quoted the inventors.

Comment 4: What are these collagen-creating polyester sutures?
Reply: Any foreign material implanted in the body, for example a splinter, will, in time, create a collagenous reaction**.** Calculations from the collagenous reaction from a rejected polyester graft indicated sufficient collagen would be created to add to the depleted collagen of the ligament and strengthen it sufficiently to prevent the forcible opening out of the urethra and urine loss, with stress incontinence

Comment 5: Is there a clear objective of this paper? If you want to show your plication method why give step by step tips for MUS usage?
Reply: This is part of a 19 paper issue spanning the whole Integral Theory paradigm. It had to conform to a template, and ideally, less than 1600 words, augmented by

several videos, so we were limited in what we could say.

Comment 6: Artisan TOT paragraph is literally just quoting methods for this procedure from elsewhere.
Reply: Yes, and I used quotation marks to sdemonstrate it was quoted.

Comment 7: Highly repetitive with Vernet quote and the evolution of MUS story.
Reply: Thank you.This was addressed and simplified to eliminate repetitions. The starting and finishing quotes from Gil Vernet were deliberate. Almost every major complication of the MUS has been, in my opinion, caused by surgeons not being familiar with the live anatomy of the pelvis. Many unfortunately, practiced the MUS on cadavers. I have attended a few workshops in the US where this was done and freally, the anatomy is quite different.

Comment 8: Unorganized, repetitive and reads like a commentary. The author almost exclusively cites his own work which is a red flag. His opinions are not supported by the bulk of high level randomized control trial evidence available today.

Reply: The repetitions have been dealt with. As this was a historical review, the fine details such as high cure rates using retropubic against TOT in recurrent cases could not be dealt with, nor the strange case of sudden massive urine loss in some TOT cases where the tape penetrated the pubococcygeus muscle, so the urethra was pulled open when the signal to close was given from the cortex.