June 10, 2014

Dear Editor,

Please find enclosed the edited and revised manuscript in Word format (file name: Cadaverphalloplastycasereports- final edits (WJCU).doc).

Title: Pre-Fabricated Radial Forearm Phalloplasty with Cadaveric Bone Graft

Authors: Jason W Edens, Tuan Tran, Sarah Eidelson, Morad Askari, Christopher J Salgado

Name of Journal: *World Journal of Clinical Urology*

ESPS Manuscript NO: 10496

The manuscript has been improved according to the suggestions of the reviewers:
Running title has been added
Professional title of the corresponding author has been added
Key words have been added
Core Tip has been added
Citation format has been corrected
Comments section has been added
References have been corrected with the addition of PMID and DOI information

In addition, we have answered all of the questions of the reviewers, and this is given below. Our answers are in italics, and if appropriate, we have indicated where this response is placed in the content of the article.

Reviewer #1
Dear authors, I consider phalloplasty as one of the hardest surgical procedures in reconstructive surgery. Compliments for the interesting report and hope you will continue to experience such a challenging surgery. The paper is well structured and with a proper language.

1.) In my opinion the main limit is the lack of use on validated questionnaire to assess patients' sexual function and satisfaction. If you have data I would report to give more power to your results.

Although there are multiple validated questionnaires to assess sexual function following phalloplasty this particular patient has not had sexual intercourse and it is therefore difficult to apply any objective questionnaire to this patient. The Sexual Health Inventory for Men (SHIM) score is a very good questionnaire that we have used commonly and we are confident that since this patient had a cadaveric bone deep to his reconstruction of a radial forearm flap he would score favorably due to the fact that most questions surround erectile capabilities. (Cappelleri, JC and Rosen, RC. Review: The Sexual Health Inventory for Men (SHIM): a 5 year review of research and clinical experience. International Journal of Impotence Research (2005) 17, 307-319.

Note: This has not been incorporated into the text, as our patient has not reported sexual intercourse to us, so we cannot answer this question as of yet. However, the text as been edited and highlighted to reflect this information.

2.) This is an experimental technique. Did you request an ethical committee approval? You should report it.

This is a retrospective case report which has been received an exempt status for our institutional IRB.

Note: This has been added to the text, at the end of the first paragraph in the case report section, and has been highlighted.

3.) Why do you perform in a single stage procedure the glans reconstruction according to Norfolk? I think this increase the risk of ischemia.

We have performed the Norfolk coronaplasty in a single stage in all cases without compromise of the distal skin. (References: 1 - Salgado, C.J., Garrido, D.E., Eidelson, S.A., Mardini, S., and Sinha, V. Reconstruction of the Penis. Aesthetic and Functional Surgery of the Genitalia. Ed. Salgado, C.J., and Redett, R. Hauppauge, NY: Nova Science Publishers, Inc., March, 2014; 2 - Salgado, C.J., Chim, H., Tang, J.C., Monstrey, S.J., and Mardini, S. Penile Reconstruction. Seminars in Plastic Surgery, 2011, Vol. 26, No. 3, 221-228.)

Note: This has not been added to the text.

4.) I would discuss further why you prefer a bone graft than a penile prosthesis implantation. What are the advantages? I personally think that PPI is nowadays the gold standards giving the best outcomes.

PPI has the disadvantage of significant cost and has not always been covered by insurances in the U.S. In addition there is a risk of extrusion and infection. Fibula bone phalloplasty has reported good outcomes and we have used it successfully in our patients. Occasionally we have had to create osteotomies in the fibula bone for dyspareunia when used for phalloplasty (Reference: Treatment of dyspareunia by creation of a pseudojoint in rigid bone following total penile reconstruction with fibular osteocutaneous flap.Salgado CJ, Rampazzo A, Xu E, Chen HC.J Sex Med. 2008 Dec;5(12):2947-50. doi: 10.1111/j.1743-6109.2008.00908.x. Epub 2008 Jul 1. Erratum in: J Sex Med. 2009 May;6(5):1493. Salgado, Christopher [corrected to Salgado, Christopher J].

Note: A paragraph in the discussion section has been added and highlighted to address the use of penile prosthesis implantation.

Thank you for reporting the complication. Unfortunately flap ischemia and urethral fistula are quite common in this kind of surgery.

Reviewer #2
Dear Authors Although the manuscript is well written and the cosmetic result of the phalloplasty is excellent, the use of bone or cartilage graft to guarantee rigidity is now obsolete. This is because the graft progressively is desorbed and is prone to fracture. Furthermore, concealing a phallus with a bone graft becomes challenging. This is why implantation of a penile prosthesis is now advocated as the solution of choice to guarantee rigidity in a neophallus (although infection rate can be as high as 20% and up to 50% of patients will require revision within 4 years- Hoebeke et al).

The authors disagree that use of fibula (although not the most common form of reconstruction for potency) is not obsolete particularly due to resporption of bone. (Reference: Sengezer M, Oztürk S, Deveci M, Odabaşi Z. Long-term follow-up of total penile reconstruction with sensate osteocutaneous free fibula flap in 18 biological male patients. Plast Reconstr Surg. 2004 Aug;114(2):439-50; discussion 451-2.

Note: This has not been added to the text, as it does not add overall information to our case report. The reference for this reviewer's comments has been added to the discussion section concerning the use of a penile prosthesis implantation and has been highlighted (from Reviewer #1's comments).

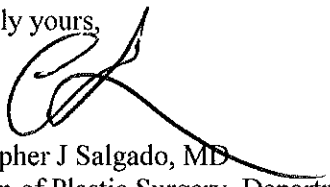
Reviewer #3
1.Good described case report. 2.Photos are excellent except last one, and new one in better resolution and quality is recommended. 3. One more photo with appearance of surviving phallus is recommended, too.

It has been a challenging getting more images on this case since this was a Humanitarian case where the patients lives in Peru along a river in the Amazon.

Note: An additional figure has been added to the manuscript, and it can be included if allowed. It is an early post-op result at 6 months, and not of the best quality, as it was taken from the physician caring for the patient in Peru (at the consent of the patient and his father). Its description has been added in the text and highlighted. Additionally, the limitation of long term follow-up has been added to the final paragraph addressing this issue.

Thank you again for publishing our manuscript in the *World Journal of Clinical Urology*.

Sincerely yours,



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