**Reviewer 1#**

The study is well-conducted and provides valuable insights into the potential benefits of Protoves-M1® and IPB-tre® in reducing irritative symptoms post-REZUM therapy. However, I recommend the following revisions to enhance the clarity, completeness, and overall quality of the manuscript:

**General Suggestions**

**Consistency and Clarity: Ensure consistent use of terminology and clear explanations throughout the manuscript. All abbreviations should be defined at their first occurrence.**

*Thank you very much for this comment. We checked all abbreviations as you suggested*

**Introduction**

**Literature Review: Expand the literature review to provide a more comprehensive background on BPH and LUTS, highlighting the current treatment options and their limitations.**

*We appreciate this comment and we followed your suggestions adding:*

*“…including resection of the prostate, enucleation and vaporization of the prostate, open and minimal invasive simple prostatectomy [6] Unfortunately, all these techniques are often associated with the retrograde ejaculation and increased morbidity for the patient”*

**Objective: Clearly state the hypothesis and specific aims of the study to**

**guide the reader on what the study intends to achieve.**

Thank you very much for this comment. We reformulated the aim of the study as following: *This study aimed to analyze the efficacy of Protopine and Nuciferine (Protoves-M1®) and IPB-tre® in the prevention and treatment of irritative symptoms (urgency and dysuria) associated with water vapor thermal therapy.*

**Materials and Methods Detailed Protocol: Provide more detailed descriptions**

**of the treatment protocols, including dosages and administration schedules**

**for Protoves-M1® and IPB-tre®.**

*We agree with your suggestion and we added these informations as following: Protoves-M1® (Protopine 4,8 mg and Nuciferine 500 mg) syrup, 10 ml once a day, and IPB-tre® (pinaster 5 mg, Serenoa repens 320 mg) 1 tablet/day: the therapy was administered two weeks before REZUM and continued for a period of 3 months, postoperatively.*

**Inclusion and Exclusion Criteria: Clearly outline the inclusion and exclusion criteria for study participants to enhance reproducibility and understanding of the study population.**

*We appreciate this comment and we reported this information as following: We included in the study patients affected by symptomatic BH after failure of the medical therapy but we excluded patients with severe systemic diseases (ASA III or IV), post-void residual urine ≥ 300 ml, increased risk for intra- and postoperative bleeding, chronic pelvic pain, urinary tract infection, neurological disease, overactive bladder, bladder lithiasis, chronic renal insufficiency, tachycardia, and heart failure.*

**Results**

**Data Presentation: Use tables and figures to present key data points more**

**effectively. Ensure that all statistical analyses are clearly explained.**

**Statistical Methods: Provide detailed information on the statistical methods**

**used, including which tests were performed and the rationale for their use.**

*Thank you for this comment. We improved the tables and we reported all statistical informations and details in the paragraph “Data analysis”*

**Discussion**

**Comparison with Literature: Discuss how the study findings compare with**

**existing literature, emphasizing similarities and differences.**

**Limitations and Future Research: Acknowledge the study's limitations and**

**suggest directions for future research to address unanswered questions and**

**potential improvements in methodology.**

*Thank you very much. In the discussion we analyzed the existing literature on the new MISTs and the role of phytotherapy in the treatment of BPH by comparing with our experience with REZUM and the use of phytotherapy to reduce the postoperative irritative symptoms*

**Conclusions**

**Clinical Implications: Highlight the potential clinical implications of the**

**findings and how they could influence current treatment practices for BPH.**

**Recommendations: Provide specific recommendations for future research and**

**clinical practice based on the study's outcomes.**

**Additional Considerations**

**Sample Size: Discuss the sample size and its impact on the study's**

**generalizability. Consider suggesting future studies with larger cohorts to**

**validate the findings.**

**Long-term Follow-up: Emphasize the importance of long-term follow-up to**

**assess the sustained efficacy and safety of the combined therapy.**

*We appreciate this comment and we added this comment: More observational studies with a greater cohort of patients and longer follow-up should investigate the possibility of replacing traditional anti-inflammatory therapy with combined phytotherapy for the treatment of irritative symptoms which can be reported after surgical therapy of BPH.*

**Reviewer 2#**

**The experiment is very interesting and innovative. Protoves-M1® and**

**IPB-tre® in reducing irritative symptoms post-REZUM therapy has been well**

**introduced. It is well suited for publication in Uro-Technology Journal. I**

**have a few opinions as follows.**

**1 Please add some current research in the introduction to better analyze the**

**current treatment options and introduce the research content.**

*We appreciate this comment and we followed your suggestions adding:*

*“…including resection of the prostate, enucleation and vaporization of the prostate, open and minimal invasive simple prostatectomy [6] Unfortunately, all these techniques are often associated with the retrograde ejaculation and increased morbidity for the patient”*

**2 Please provide detailed information on the statistical methods used**

*Thank you for this comment. We improved the tables and we reported all statistical informations and details in the paragraph “Data analysis”*

**3 Suggest adding in the conclusion how it affects current treatment**

**practices for BPH.**

*We appreciate this comment, and we added this comment: More observational studies with a greater cohort of patients and longer follow-up should investigate the possibility of replacing traditional anti-inflammatory therapy with combined phytotherapy for the treatment of irritative symptoms which can be reported after surgical therapy of BPH.*

Thank you for having reviewed our manuscript which has been improved by your suggestions.

Best regards,

Francesco Greco