OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

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https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

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Peer Review Report for "A New Measurement Method for the Diagnostic of Different Types of Concealed Penis in Children"

Author(s): Yuan Li, Xiaoyu Zhu, Dongchuan Feng, Jinchao Gong, Tao Han, Guangyao Sun, Xilun Zhang, Dianhe Hu, Suoyou Sha

Review Timeline:

Submit Date:	11 Apr 2020
Revised Date:	15 Jun 2020
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Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | Revision (0)

3 May 2020

Dear AE,

TITLE:

A NEW OBJECTIVE MEASUREMENT METHOD FOR THE DIAGNOSTIC ASSISTANCE OF PHIMOSIS, CONGENITAL CONCEALED PENIS, AND OBESITY CONCEALED PENIS IN CHILDREN.

- The title is very long. I suggest a review of it.

MY SUGGESTION:

“A NEW MEASUREMENT METHOD FOR THE DIAGNOSTIC OF DIFFERENT TYPES OF CONCEALED PENIS IN CHILDREN.”

ABSTRACT:

1- Problem Statement

- What practical or scientific gap is your research filling?

2- Methods

In the abstract, there is no explanation of the methods.

- Can you clarify the technical procedure and the assessment used?

3- Results

Ok

4- Conclusion

“Thus, this objective evaluation system can help clinicians identify the type of concealed penis and provide a basis for subsequent treatment.”

- What are the larger implications of your findings (problem/gap)?

INTRODUCTION: OK

METHODS:

- What’s institution's name? Where did you do this research?
- What is the research design?
- What are the criteria for inclusion and exclusion from the study?
- What are the dependent and independent variables? How were they measured? What the brand of professional protractor?
- Can you detail the technical procedure?
- You need to rewrite the description of figures in the text.
- Figure 1 is about the protractor. It is wrong on the text.
- You need to create and separate the figures of the meditations of the different angles.

Figure 2 - Foreskin angle

Figure 3- Penis-Scrotum angle

Figure 4 - Annular wrinkles

- It is very important that you describe the fixed points and anatomical locations of the angle measurements.

RESULTS:

- The text is adequate. But you need to describe the same order in the text and in the tables.
- For example: Table 1 and 2: 1- Phimosis; 2- Congenital; 3- Obesity.
- In the text, the order of the mean of the angles is changed.

QUESTIONS:

a. Did the same researcher make all the measurements?

b. What are the default values for each angle to define the diagnosis?

c. Do angle measurements vary according to age?

d. What other data from the anamnesis can confirm the diagnosis?

DISCUSSION:

- A more balanced view is required. This is not a discussion. This repeats excerpts from the introduction, justification, and results.
- You need to correlate other results found with your results.

Congratulations! This is important research because it quests solutions to help clinicians identify the correct diagnostic of the concealed penis.

Thanks.

REFEREE: Reviewer | **Revision** (0) 7 May 2020

Dear AE,

- Running title is not appropriate.

In abstract section:

- Line 1: “doctor” change to “physician”. Study design and setting should be defined.

In introduction:

- The definitions of the concealed penis are not precise and accurate. Please use credible

references. It is not right to cite an article or comment by an author. You should be used EUA or AUA sources and Campbell's urology and/or authoritative article such as Shirly Tsang. When size matters: A clinical review of pathological Micropenis. J Pedhc.2010 July. 24(4): 231-40 page 233.

Inaccurate classification will lead to misinterpretation and therefore incorrect solution.

- Line 47; “symptoms” should be omitted.
- Line 68-9; the author said: “almost of the type of concealed penis are usually distinguished based on the subjective judgment of the physician”. Diagnosis of the concealed penis and trapped penis is completely objective. “Not subjective”. The concealed penis is a sign and “not a symptom”.
- Line 93-6; the selected statistical T-test is not appropriate. In this type of study, correlation testing should be used (two-tailed Pearson’s correlation coefficient analyses, or r).

In the methods section:

- The method of study is not clear. Study design, the setting of the study, and inclusion and exclusion criteria are not defined. It is best to choose the case-control method for such studies so that the results can be cited and so, reliable.
- In the results section:
- Line 99-103 should be omitted. It is a repetitive sentence.

In the discussion section:

- The discussion was weak and no comparison was made, and in fact, there was no discussion, only the results reported and the repetition of the results were seen.

In reference section:

- Reference no 6 is inappropriate and should be omitted (In relation to small cell cancer of lung!!!!!).
- In the references, the style of the journal is not observed.
- In cases with an abnormal penis, the primary care physicians should refer to the pediatric surgeon or urologist to make the best diagnosis and treatment. Even the author himself suggests at the end of the discussion (line 170-1) that traditional examinations are more valuable.
- Diagnosis of phimosis is simple and objective. In concealed penis, the size of the penis is normal but it looks small and there is no phimosis.
- The methodology and statistical analyses of this study are not suitable for this research.

Thanks.

Maryam Ghavami-Adel: Reviewer | **Revision** (0) 17 May 2020

Dear AE,

It was a very nice study with new comments. But it may need a few changes in the discussion part. [According to “Hypospadias Surgery: An illustrated guide” book, concealed penis synonym is and these nominations are different from the buried penis. (p.334)[line 1-3 discussion part] Also it is mentioned in the article:” Management of concealed penis in children(AAMJ,vol6.n.2, April 2008)

48) In addition, the basic surgical technique for correcting the buried penis and inconspicuous penis is the same, and the difference is just in their pathophysiological formation. So I think the study just helps the definition of these penile abnormalities, not the

surgical technique.
And also some changes in reference. (Reference no.5 is too old, and No.6 is not related.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 17 May 2020

Dear EIC,
Thanks for submitting this manuscript entitled "A new objective measurement method for the diagnostic assistance of phimosis, congenital concealed penis, and obesity concealed penis in children".
Please the authors find the comment of the reviewers. Please do necessary changes and highlight the changes in the manuscript and respond point to point to the comments
Section Editor

REFEREE: EIC | **Revision** (0) 17 May 2020

Dear Author,
Thank you for submitting your manuscript to Iran J Pediatr. Your manuscript has now been reviewed by three reviewers and an Associate Editor. I now have the reports of the Referees, which suggest that your manuscript might be suitable for publication following a number of revisions. I attach some reviewer comments and invite you to submit a revised version of your manuscript addressing the points made.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Response Letter

Reviewer 1:

1. *TITLE: A NEW OBJECTIVE MEASUREMENT METHOD FOR THE DIAGNOSTIC ASSISTANCE OF PHIMOSIS, CONGENITAL CONCEALED PENIS, AND OBESITY CONCEALED PENIS IN CHILDREN.*
- The title is very long. I suggest a review of it.

MY SUGGESTION:
"A NEW MEASUREMENT METHOD FOR THE DIAGNOSTIC OF DIFFERENTS TYPES OF CONCEALED PENIS IN CHILDREN."

Our Response: Thank for the referee's suggestion. In the revised manuscript, we have adopted the new title of your suggestion (Line 1-3).

2. *ABSTRACT:*
1- Problem Statement:
- What practical or scientific gap is your research filling?
2- Methods: In the abstract, there is no explanation of the methods.
- Can you clarify the technical procedure and the assessment used?
3- Results: Ok
4- Conclusion: "Thus, this objective evaluation system can help clinicians identify the type of concealed penis and provide a basis for subsequent treatment."
- What are the larger implications of your findings (problem/gap)?

Our Response: We apologize for this missing mistake. We have added the missing information in the revised manuscript. In order to meet the standards of Iranian Journal of Pediatrics, we also reformate it as a structural abstract.

1. We added the scientific gap as below:
   Concealed penis is a disease in infants and adolescents, but accurate diagnosis of different concealed penis types requires extensive experience. In general, an experienced doctor can diagnose the type of abnormal penis by careful observation and then provide the corresponding treatment. The appearance of trapped penis and webbed penis are easier to distinguish than that of other abnormal penis. However, congenital concealed penis is easily confused with phimosis and obesity concealed penis, and it is not easy to distinguish clinically, especially for inexperienced physician. Thus, this study aims to provide an auxiliary measurement method for diagnostic assistance of concealed penis types (Line 8-17).
2. We added the method description as below:
   Multifunctional protractor was used to measure the foreskin angle and penis-scrotum angle. The foreskin angle was defined as the angle between the ventral and dorsal sides of the penis body and the line extending to the foreskin, which was the sagittal position of the natural state of the penis when the child lies down. The penis-scrotum angle was defined as the angle between the ventral

side of penis and the scrotum. All measured data were recorded by professional physicians, and the differences between different groups were compared using a t test (Line 18-26).

3. Thanks
4. This evaluation system aimed to provide an objective and auxiliary way to help the diagnosis of concealed penis in the children, mainly for inexperienced physicians. In addition, when experienced physicians are teaching new physicians/students, this can also be used as an auxiliary explanation (Line 36-40).

   Of course, in the future, we consider that it can also be used as a simple judgment rule for the family of the patient. This is because that basic evaluation for a concealed penis is complicated and requires more clinical experience (please see below paragraph). However, the statement of simple judgment rule for the family of the patient still requires clinical verification in different regions and countries, we don't add it in the revised manuscript. If the reviewer thinks the above sentence is appropriate, we will add this sentence.

   The typical evaluation for a concealed penis begins with a comprehensive history and physical examination. The history examination aims to reveal how long the phallus has been buried and whether it was related to weight gain. Physical examination includes general assessment of the body habitus and functional status. An abdominal and suprapubic exam should be performed to observe any overlying pannus when the patient is supine and standing. Sometimes, overhanging suprapubic fat pad may obscures and buries the penis (escutcheon). In addition, physician will perform a genitourinary examination to observe the circumcision status (circumcised or uncircumcised), meatus (presence of meatal stenosis), penile, scrotal, suprapubic skin quality, and skin surrounding the phallus (loose attachments, abundant prepubic fat pad, phimotic ring of scar tissue). However, overabundance of escutcheon or a phimotic band may prevent the evaluation of the penile shaft skin.

3. *INTRODUCTION: OK*

4. *METHODS:*

1- What's institution name? Where did you do this research?
2- What is the research design?
3- What are the criteria for inclusion and exclusion from the study?
4- What are the dependent and independent variables? How were they measured?
5- What the brand of professional protractor?
6- Can you detail the technical procedure?
7- You need rewrite the description of figures on the text. The figure 1 is about the protractor. It is wrong on text. You need criate and separate the figures of the meditions of the different angles.
Figure 2 - Foreskin angle
Figure 3- Penis-Scrotum angle
Firure 4 - Annular wrinkles
It is very important that you describe the fixed points and anatomical locations of the angle measurements.

Our Response: Thank for the referee's valuable comments. We have revised the manuscript according to the comments and below responses.

1. This study was conducted in Xuzhou Children's Hospital, Xuzhou Medical University, China. We added this in the revised manuscript. This study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved by the Ethical Committee of Xuzhou Children's Hospital (#ETYY2016037). Written informed consent has been obtained from the patients or legal guardians of all children. [Line 116-120].
2. Based on the diagnostic criteria of CAMPBELL-WALSH UROLOGY 11th edition, a total of 271 children over 6 years of age were recruited from Xuzhou Children's Hospital in China. The type of concealed penis was independently diagnosed by two physicians, and the disagreement were resolved by a third physician with more than 10 years of experience. After diagnosis, 105 cases were diagnosed as phimosis, 88 cases were diagnosed as congenital concealed penis, and 78 cases were diagnosed as obesity concealed penis. The foreskin angle, penis-scrotum angle, and number of annular wrinkles of foreskin surface of all 271 participants were independently measured by two professional technicians of our hospital (Line 120-130).
3. The inclusion criteria were 1) the child has a concealed penis, and the type of concealed penis should be diagnosed as phimosis or congenital concealed penis or obesity concealed penis; 2) children aged 6-15 years; 3) the penis has no other serious deformities or penile-related diseases. The exclusion criteria were 1) the penis of the child has serious deformities or penile-related disease; 2) parents or legal guardians refused to participate in this study or did not obtain a signed informed consent (Line 131-137).
4. In this study, the independent variables can be regarded as the same type of disease with different external appearance of the penis due to their different individual severity. The dependent variables can be regarded as in three groups of children, due to the difference in etiology and severity, the external appearance of the penis is different, which is manifested by the difference between the foreskin angles, penis-scrotum angles and the numbers of annular wrinkles of foreskin.
5. The brand of the professional protractor used in this study was purchased from CARENT Inc. (China). We added the brand of the professional protractor in the revised manuscript (Line 131).
6. Thanks for the referee's comment. In the revised manuscript, in addition to describing the definition of the measurement method through text (Line 137-143), we added actual pictures of the measurement to facilitate the reader to understand the measurement method and process (Figure 2-4).
7. Thanks to the referee for pointing out the mistake and providing valuable comments. The figure legends have been rewritten in the revised manuscript, and the wrong description in Figure 1 (protractor) has also been corrected. In addition, based on referee's suggestions, we added new images for measuring Foreskin angle (Figure 2) and Penis-Scrotum angle (Figure 3) using a protractor and for calculating Annular wrinkles (Figure 4). We believe that these new images will allow readers to better understand how to measure the foreskin angle and penis-scrotum angle.

5. *RESULTS:*

- The text is adequate. But you need to describe the same order in the text and in the tables.

- For example: Table 1 and 2: 1- Phimosis; 2- Congenital; 3- Obesity.

- In the text, the order of the mean of the angles is changed.

Our Response: Thank to the referee for pointing out this inappropriate order. In the revised manuscript, main text, tables and figures have been revised to follow the order of phimosis/congenital concealed penis/obesity concealed penis.

6. *QUESTIONS:*

a. Did the same researcher make all the measurements?

b. What are the default values for each angle to define the diagnosis?

c. Do angle measurements vary according to age?

d. What other data from the anamnesis can confirm the diagnosis?

Our Response:

(a) Yes. The measurements were conducted by two professional technicians of our hospital. One measured and recorded the foreskin angle and penis-scrotum angle and calculated the number of annular wrinkles of foreskin surface of the child, and the measured values were confirmed by another technician. Because the measurement method is not difficult, there was no dispute report of the measured values during the measuring process.

(b) Since the phimosis, congenital concealed penis and obesity concealed penis was diagnosed by experienced physicians during enrolling and classifying the children, we speculate that your question may be the final angle range of the three groups in children after analysis. For phimosis, the measured values will be foreskin angle <30°, penis-scrotum angle < 80°, and the numbers of annular wrinkles of foreskin surface <2. For congenital concealed penis, it will be foreskin angle >30°, penis-scrotum angle > 100°, and the numbers of annular wrinkles of foreskin surface <2. As to obesity concealed penis, it will be foreskin angle <30°, penis-scrotum angle 80°-100°, and the numbers of annular wrinkles of foreskin surface >2. We have included this description in the conclusion part of the revised manuscript (Line 264-272). Please also see the table below.

	Foreskin angle	Penis-scrotum angle	Numbers of annular wrinkles
phimosis	<30°	<80°	<2
congenital concealed penis	>30°	>100°	<2
obesity concealed penis	<30°	80°~100°	≥2

(c) We believe that the measured angles will change with the development of the penis. It is also our next research direction to examine whether there is a statistical

difference of foreskin angle and penis-scrotum angle between children, adolescents and adults. We added this in the discussion section (Line 234-235).

(d) At present, the clinical identification of different types of concealed penis depends on the appearance description and the experience of the clinician, so there is no data from the anamnesis. This is why we conducted this study to provide a differential auxiliary diagnosis by combining measurement data of foreskin angle, penis-scrotum angle, and the numbers of annular wrinkles.

7. *DISCUSSION:*
- A more balanced view is required. This is not a discussion. This repeats excerpts from the introduction, justification and results.
- You need to correlate others results found with your results.
Congratulations! This is an important research because it quest solution for to help clinicians identify the correct diagnostic of concealed penis.

Our Response: Thank for the referee's comment. Since there is very little research on auxiliary method, we further added a discussion about another auxiliary method, proposed by Chin et al., to quantify the severity of buried penis by determining the length of the penile skin (S) and the exact length of penile shaft (P). They demonstrated that only patients with S/P ratio < 70% are considered to be suitable for preputial unfurling. Although it is not mentioned whether S/P ratio can be used as a distinction between congenital concealed penis and obesity concealed penis in children, Chin et al. suggested that diet control or liposuction would be a better way for patient with concealed penis due to obesity. In addition, the S/P ratio method was applied for patients ranging from 2 months to 33 years old. However, our auxiliary measuring method was currently suitable for children below 13 years old, not suitable for teenagers and adults. We believe that the measured angles of the children will change during the development of the penis. It's worthwhile to conduct more in-depth studies in the future to explore whether these two strategies can be used in combination, and whether our auxiliary methods can be applied to patients of different ages (Line 225-237).

In addition, we discussed the controversy about whether children with concealed penis should undergo surgery immediately, especially for concealed penis caused by obesity. Surgical intervention as early as possible can indeed prevent children from having the negative impact on sexual psychological development due to concealed penis. However, many pediatric urologists still believe that children with concealed penis due to obesity may temporarily not need surgery. After successful weight loss of obese children, penile growth may accelerate and return to normal in the middle or late childhood. When choosing the appropriate surgical technique for children with concealed penis due to obesity, circumcision or preputial unfurling should not be applied. It may cause preputial shortness or absence, which seriously affect penile development. (Line 239-250).

Finally, we would like to express our sincerely thankfulness to the anonymous reviewer for proving valuable comments and suggestions in improving this study.

Reviewer 2:

I thank you for all your efforts to publish scientific manuscripts to expand the public knowledge.

1. *Running title is not appropriate.*

Our Response: Thank for the referee's comment. We edited the running title as "An auxiliary method for measuring different types of concealed penis". (Line 4-5)

2. *In abstract section:*
Line 1: "doctor" change to "physician". Study design and setting should be defined.

Our Response: Thank to the referee for pointing out this inappropriate term. We replaced the doctor with physician in the revised manuscript.

3. *In introduction:*
The definitions of concealed penis are not precise and accurate. Please use credible references. It is not right to cite an article or comment by an author. You should be use EUA or AUA sources and campbell' urology and/or authoritative article such as: Shirly Tsang. When size matters: A clinical review of pathological Micropenis. J Pedhc.2010 july. 24(4): 231-40 page 233. Inaccurate classification will lead to misinterpretation and therefore incorrect solution.

Our Response: Thank to the referee for pointing out this inappropriate description of the definition and classification of concealed penis. We have rewritten these sentences and cited the classification of concealed penis by Shirly Tsang (reference 8), Crawford (reference 5), and Maizels (reference 6) in the revised manuscript (Line 51-61).

4. *Line 47; "symptoms" should be omited.*

Our Response: We apologize for the inappropriate term. In the revised manuscript, we have rephrased these sentences.

5. *Line 68-9; author said: "almost of the type of concealed penis are usually distinguished based on the subjective judgment of the physician". Diagnosis of concealed penis and trapped penis are completely objective. "Not subjective". Concealed penis is sign and "not symptom".*

Our Response: Thanks to the referee for pointing out the inappropriate descriptions. In the revised manuscript, we carefully rewritten these sentences. In

addition, the incorrect “symptom” term was not used in the revised full text.

6. *Line 93-6; the selected statistical T test is not appropriate. In this type of study, correlation testing should be used (two-tailed Pearson’s correlation coefficient analyses, or r).*

Our Response: Thanks for the referee’s comment. In this study, the t-test was used to determine if there is a significant difference between the means of two groups. For example, in the revised Figure 6, the penis-scrotum angle in the congenital concealed penis was higher than that in the obesity concealed group. A t-test confirms that the difference is statistically credible (mean 118.65° vs 85.59°). As to Pearson’s correlation coefficient analyses, do you mean to calculate the correlation between the foreskin angle, penis-scrotum angle and the number of annular wrinkles of foreskin surface? After analysis, there is a strong positive correlation between foreskin angle and penis-scrotum angle (r=0.706). There is low negative correlation between foreskin angle and numbers of annular wrinkles (r=-0.365), while there is low positive correlation between penis-scrotum angle and number of annular wrinkles (r=0.268).

	Foreskin angle	Penis-scrotum angle	Numbers of annular wrinkles
Foreskin angle	-	**0.706**	-0.365
Penis-scrotum angle		-	0.268
Numbers of annular wrinkles			-

7. *In methods section: The method of study is not clear. Study design, setting of study and inclusion and exclusion criteria is not define. It is best to choose the case-control method for such studies so that the results can be cited and so, reliable.*

Our Response: Thanks to the referee for pointing out the missing information. In the revised manuscript, the study design, research setting, and inclusion and exclusion criteria of patients were added in the revised manuscript (Line 115-125, and Line 131-137). On the other hand, we did consider using case-control method, but it is difficult to describe the results. Case control defined two group at the start: one without disease (e.g. phimosis) and one with disease (e.g. congenital concealed penis). The next step was to assess whether there is a statistically significant difference in the rates of exposure to a “defined risk factor” between the groups. The major question in our study is “what is the risk factor for congenital concealed penis, and what is the risk factor for obesity concealed penis?” In addition, the disadvantage/limitation of case-control study was that it can only assess one disease/outcome. However, in this study, phimosis, congenital concealed penis and obesity concealed penis were different disease types. Thus, it is difficult to use case-control study. The only possibility was to assess only two diseases, for example, phimosis and obesity concealed penis. We can use case-control study method if we considered “obesity” was the risk factor for obesity concealed penis. However, what is the risk factors for congenital concealed penis? Importantly,

foreskin angle, penis-scrotum angle and numbers of annular wrinkles of foreskin surface were all not the risk factor for case-control study.

8. *In results section:*
Line 99-103 should be omitted. It is a repetitive sentence.

Our Response: Thanks for the referee's comment. We removed these sentences in the revised manuscript.

9. *In discussion section:*
The discussion was weak and no comparison was made, and in fact there was no discussion, only the results reported and the repetition of the results was seen.

Our Response: Thank for the referee's comment. In the revised manuscript, we added following two discussions.

Since there is very little research on auxiliary method, we further added a discussion about another auxiliary method, proposed by Chin et al., to quantify the severity of buried penis by determining the length of the penile skin (S) and the exact length of penile shaft (P). They demonstrated that only patients with S/P ratio < 70% are considered to be suitable for preputial unfurling. Although it is not mentioned whether S/P ratio can be used as a distinction between congenital concealed penis and obesity concealed penis in children, Chin et al. suggested that diet control or liposuction would be a better way for patient with concealed penis due to obesity. In addition, the S/P ratio method was applied for patients ranging from 2 months to 33 years old. However, our auxiliary measuring method was currently suitable for children below 13 years old, not suitable for teenagers and adults. We believe that the measured angles of the children will change during the development of the penis. It's worthwhile to conduct more in-depth studies in the future to explore whether these two strategies can be used in combination, and whether our auxiliary methods can be applied to patients of different ages (Line 220-237).

In addition, we discussed the controversy about whether children with concealed penis should undergo surgery immediately, especially for concealed penis caused by obesity. Surgical intervention as early as possible can indeed prevent children from having the negative impact on sexual psychological development due to concealed penis. However, many pediatric urologists still believe that children with concealed penis due to obesity may temporarily not need surgery. After successful weight loss of obese children, penile growth may accelerate and return to normal in the middle or late childhood. When choosing the appropriate surgical technique for children with concealed penis due to obesity, circumcision or preputial unfurling should not be applied. It may cause preputial shortness or absence, which seriously affect penile development. (Line 239-250).

10. *In reference section: Reference no 6 is inappropriate and should be omitted (In relation to small cell cancer of lung!!!!!). In the references, the style of journal is not observed.*

Our Response: We apologize for this careless mistake. We corrected this mistake and revised the reference style in the revised manuscript.

11. *In cases with abnormal penis, the primary care physicians should refer to the pediatric surgeon or urologist to make the best diagnosis and treatment. Even the author himself suggests at the end of discussion (line 170-1) that traditional examination are more valuable. Diagnosis of phimosis is simple and objective. In concealed penis, size of penis is normal but it looks small and there is no phimosis. Methodology and statistical analyses of this study is not suitable to this research.*

Our Response: We apologize for the unintended confusion. We agree with "the primary care physicians should refer to the pediatric surgeon or urologist to make the best diagnosis and treatment". However, the purpose of this study is not to provide a different/alternative method to replace the above process. On the contrary, we would like to propose an auxiliary measurement method to assist some doctors with less clinical experience as a reference. Even, we hope that this auxiliary measurement can be applied to clerkship education so that they can better distinguish phimosis, congenital concealed penis or obesity concealed penis in child.

On the other hand, our original statement "final clinical treatment decision should be made through stricter examinations or discussions with other more experienced physicians" means that more complicated measured angle data may be obrained by using this calculation system in children with multiple types of concealed inconspicuous penis or severe forms of concealed penis (e.g. congenital megaprepuce). Because this study does not investigate patients with multiple types of concealed penis or patients with severe forms of concealed penis, we therefore recommend that if the final measured value is outside these ranges, other methods or further discussion should be performed. To avoid this unintended confusion, we have rephrased these descriptions in the revised manuscript.

Finally, we would like to express our sincerely thankfulness to the anonymous reviewer for proving valuable comments and suggestions in improving this study. After revising according to these suggestions, we feel that this manuscript has become clearer and better.

Reviewer 3:

It was a very nice study with new comments. But it may need a few changes in discussion part. [According to "Hypospadias Surgery: An illustrated guide" book, concealed penis synonym is and these nominations are different from the buried penis. (p.334)[line 1-3 discussion part] Also it is mentioned in the article:" Management of concealed penis in children(AAMJ,vol6.n.2, April 2008) 48) In addition, the basic surgical technique for correcting the buried penis and

inconspicuous penis is the same, and the difference is just in their pathophysiological formation. So I think the study just helps the definition of these penile abnormalities, not the surgical technique.
And also some changes in reference. (Reference no.5 is too old, and No.6 is not related.

Our Response: We apologize for the inappropriate descriptions. We have corrected this in the revised manuscript. In addition, the correct description of the classification of concealed penis by Crawford, Maizels and Shirley Tsang were added in the revised manuscript (Line 51-63). The article “Management of concealed penis in children (2008) AAMJ 6: 272-279” and the book “Hypospadias Surgery” was also added as references 22 and 8, respectively. We agree to the comment “the basic surgical technique for correcting the buried penis and inconspicuous penis is the same, and the difference is just in their pathophysiological formation”. Thus, we have carefully revised this part of text to avoid unintentional overstatement and misunderstanding. Furthermore, the wrong reference #6 has been removed, and several newer references were added in the revised manuscript (from 1999 to 2019). Finally, we would like to express our heartfelt thanks to you for your valuable comments and suggestions in this study.

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 5 Jul 2020

Dear AE,
It was a novel study. And most of the wanted changes have been considered. I found no plagiarism. There were a few old references that can be ignored.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 5 Jul 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (1) 5 Jul 2020

Dear Author,
The second round of peer review of your manuscript has been completed, and I am pleased to inform you that your manuscript has now been accepted for publication in our journal.
Thanks.