Re: Abramowitz et al. "Virtue male sling outcomes and application to a contemporary nomogram"

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The use of the novel nomogram proposed by Shakir et al[1] in our Virtue population[2] was undertaken to allow us to help identify patients who would qualify for a sling versus an artificial urinary sphincter. In the letter to the editor, Dr. Shakir points out several key insightful comments - to which we would like to comment upon.

1. As Dr. Shakir points out, the patients who failed were identified to fail by the nomogram, but there were many more patients who should have failed that did not. We look forward to more patients to help elucidate a more precise nomogram for the Virtue sling. We suspect a specific nomogram for the Virtue sling will involve an assessment of potential injury to the sphincter including radiation history, total incontinence, prior posterior urethral stricture repair, and inability to stop the stream mid void. For now, we will continue to use the Male Stress Incontinence Grading Scale (MSIGS) as part of our routine work up. Along with self-reported pad use we far prefer this to pad weights, as do our patients.
2. The second observation is that the inability to stop the stream was found to predict failure, but again the data are underpowered due to the few failures in the series – *in essence we agree with him that our small numbers should render this a more exploratory conclusion and more evidence is needed*. In clinical practice what we have noted is that patients cannot be totally incontinent AND have radiation, or prior posterior urethral stricture repair, or inability to stop the stream. Conceptually, these findings all indicate potential damage to the sphincter. Interestingly, being totally incontinent alone did not predict failure in our series, nor did radiation history alone, and we continue to offer the Virtue to these patients.
3. Dr. Shakir points out that our method of standing cough test graded after cystoscopy is different from the original MSIGS description which involves voiding after passive bladder filling over 60 minutes. We prefer the preoperative workup to include a cystoscopy. The cystoscopy gives us the opportunity to ensure there is no posterior stenosis, assess capacity, standardize the MSIGS by ensuring the patients have a full bladder over a passively filled bladder (which would vary by hydration status), assess Valsalva voiding, and finally to ensure adequate sphincter function by asking the patients to stop their stream mid void. Our MSIGS number were high as Dr. Shakir indicated, this may be due to the full bladder, but if we evaluate our self-reported pads per day, this was also higher in our series corroborating the higher MSIGS score. ☐

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References

1. Shakir NA, Fuchs JS, McKibben MJ et al. Refined nomogram incorporating standing cough test improves prediction of male transobturator sling success. *Neurourol Urodyn* 2018;37(8):2632-2637.
2. Abramowitz D, Sam AP, Pachorek M, Shen J, Ruel N, Warner JN. Virtue male sling outcomes and application to a contemporary nomogram. *Can J Urol* 2021;28(2):10625-10630.