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complex patients and noting applicable surgical approaches, we can better counsel and provide tailored treatment to our AABP patients going forward.

Declaration of Competing Interest

No disclosures or conflicts of interest.

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References

1. Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. NCHS Health E-Stats 2020.
2. Flynn KJ, Vanni AJ, Breyer BN, Erickson BA. Adult-acquired buried penis classification and surgical management. *Urol Clin N Am.* 2022;49:479–493. <https://doi.org/10.1016/j.ucl.2022.04.009>

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We believe that the development of the PAS classification system for adult-acquired buried penis (AABP) was a necessary step toward being able to answer the question of how to best treat the individual patient with this debilitating, and often humiliating, condition.^{1,2}

Just as every reconstructive urologist has their preferences on how to best manage AABP, every patient with AABP has different goals from their AABP care. Accordingly, not all AABP cases can, or should, be managed with the same techniques. This can lead to disparate views of surgical success, which can complicate counseling and can distort surgical outcomes studies.

Classification adds clarity to the situation. And assuming that a classification system captures the full extent of the disease, is agreed upon among peers, and is reproducible, classification systems themselves can remain relatively constant—while surgical techniques can be allowed to appropriately evolve. Outcomes studies can then be anchored to the classification system and more easily compared.

The next steps in AABP research will require an agreed-upon method for assessing surgical outcomes relative to patient goals.

Declaration of Competing Interest

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References

1. Amend GM, Holler JT, Sadighian MJ, et al. The lived experience of patients with adult acquired buried penis. *J Urol.* 2022;208:396–405. <https://doi.org/10.1097/JU.0000000000002667>
2. Voznesensky MA, Lawrence WT, Keith JN, Erickson BA. Patient-reported social, psychological, and urologic outcomes after adult buried penis repair. *Urology.* 2017;103:240–244. <https://doi.org/10.1016/j.urology.2016.12.043>

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