

Peer Review File

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Reviewer A

Congratulations on your study. This is a nice, simple mathematical formula for calculating the volume of fat and the implant size to be used for hybrid breast augmentation. There are some issues which need revision of the English used. Additionally:

It is not clear in the Discussion what "In our study we opted for the SF plane because of its well-known satisfactory outcomes" this means, whether the fat grafting or the breast implant pocket.

One of the main issues that needs to be discussed is regarding how to ascertain that one is suprafascial versus subcutaneous. This is definitely not clear although you state that this is one of the advantages of the technique.

We clarified we inserted the implants in the subfascial plane because of various advantages which include lower morbidity and the ability to provide more soft tissue coverage. See page 12, line 246-248

Regarding the AFG injection, this is performed in two layers: the first one in the subcutaneous tissue above the mammary gland, the second one in the suprafascial plane below the mammary gland as described in the paragraph "surgical technique and AFG". See page 3, line 128-131

Reviewer B

This is an interesting paper. Some issues exist.

1. The introduction/background has no heading and should be included.
2. The English grammar is poor and needs an English language revision. The sentence structures are short and many phrases are inappropriate. eg. line 52 "Actually". line 60 "As a matter of fact", etc etc.
3. The background is brief and poor and does not touch on the issues of breast augmentation, the risks/complications of AFG (fat necrosis, oncologic risk, etc).
4. The measurement tool used for satisfaction is NOT validated and very rudimentary. The authors should clarify which tool was used, and why and why not a validated tool such as the breast Q.

5. The methods contains no mention of statistical analysis or assessment of outcome.
6. The discussion/conclusion mentions "new technique" and the like many times. This is overstating the approach, and is NOT based in this research. The conclusions should only be based around the actual findings.

1. We added the title "Introduction" to the paragraph. See page 2, line 54
2. The manuscript underwent an English review by a native speaker
3. The abstract has been enlarged. See page 1, line 25-50
4. Every patient was given Breast-Q preoperative and postoperative questionnaires. See page 3, line 94-101
5. A statistical analysis was performed. See page 9-10, line 206-215
6. We changed the discussion/conclusion avoiding repeating "new technique" and describing only the actual findings. See page 12-13, line 246-348.

Reviewer C

Although you present nice results (pictures), there are several challenges with this paper.

Title: Hybrid Breast Augmentation: a Revolutionary Technique and a New
2 Equation For Preoperative Assessment of Fat Graft Volume.

- 1) The technique is wellknown and the results are not revolutionary
- 2) You do not test/compare the use of the new equation

Aim: "In this paper we discuss our surgical technique and mathematical formula, compared to the one proposed by

66 Maximiliano et al. [31], in order to assess the proper quantity of fat to be injected."

- 3) An aim cannot be a discussion? You do not describe what Maximiliano et al has proposed? The paper needs a clear aim,

Method: The paper needs a clear research question to be answered and a clear methods section, which clearly describes what you have tested/examined according to you aim

Results: The results should reflect the above

Conclusion: "Our surgical technique permits surgeons to obtain a very high percentage of satisfaction in patients, a very low rate of complications and reduce operative and recovery times.

Yes, but this was not not decribed as you aim, nor described in you method section?
So, you conclude something you have not set out to examine, or?

". Our experience permits surgeons to perform HBA with high/low-profile 316 SmoothSilk implants in a simple, reproducible, and more precise way."

Which part of you methods/results show that it is simple compared to other methods?
Which part of you methods/results show that the result are reproducible, you have not conducted a reproducibility study? In which way does your method/results show that youu method is more precise that other methods?

1. Although the HBA technique is not new, our approach is not described in literature. In fact, the combination of inserting the implants in a subfascial pocket and a double layer of fat injection (subcutaneous and suprafascial) is new. Nobody has described the formula we use to calculate the volume of fat injection. Our results are not revolutionary but, surely, very good.
2. We changed the wrong sentence which stated that we would have compared the two equations. See page 12, line 251.
3. The aim has been clarified: describe our technique, provide a formula to calculate the volume of fat graft to be injected, assess the quality of our work through Breast-Q.

Methods has been changed both in the abstracts and in the text

Results now reflects what we have tested

Conclusions: we tested our technique and formula analyzing the grade of satisfaction among our patients through Breast-Q. We changed the inappropriate sentences you underlined. See each paragraph

Reviewer D

1. Please describe the full text when the abbreviation first appears. For instance, please insert "hybrid breast augmentation" before HBA in "Methods" of the Abstract.
2. You did not mention the "equation" in the Abstract. Please describe it in "Methods" of the Abstract in short since you stated about it in your title.
3. Please add "Introduction" on the line where it should be.
4. Please invite a native English-speaking editor to correct the grammatical errors in the text.
5. In the published article entitled "What Is the Standard Volume to Increase a Cup Size for Breast Augmentation Surgery? A Novel Three-Dimensional Computed

Tomographic Approach”, the author concluded that there is no standardization within the bra manufacturing industry. On the basis of their study, patients should be advised that 130 to 150 cc equates to a one-cup-size increase. This article is cited in your references. However, you define the volume of around 120 ml as a cup size increment which is different from that in the article. Please explain why.

6. In your equation, the survival rate of grafted fat was assumed as 50%. However, according to the literatures and many authors’ experience, the survival of injected fat is not a constant value but rather, varies patient by patient. After years of advancement, the survival rate of grafted fat in breast augmentation may reach at 70% or even higher. Please describe why you use 50% as the estimated survival of the graft.

1. We have corrected
2. The equation is now mentioned in the abstract. See page 1, line 32.
3. Introduction has added. See page 2, line 65.
4. A native speaker provided a revision of the English.
5. It was a mistake. We have updated the text. See page 9, line 181-182
6. We noticed that, through the PureGraft® System, half of the injected fat is reabsorbed. See page 8, line 170-171