

Peer Review File

Article information: <https://dx.doi.org/10.21037/gs-23-380>

Reviewer Comments

Reviewer A

Comment: Nice comprehensive overview of oncoplastic breast surgery in Europe.

Reply: We thank reviewer A for the comment and the positive feedback.

Reviewer B

Comment: The article is purely discursive. It does not report anything which has not been already stated.

Reply: We thank reviewer B for the comment. As a review paper, we aimed to summarize and provide a comprehensive review of the available published literature.

Reviewer C

Comment: The manuscript addresses a crucial and evolving aspect of breast cancer treatment – oncoplastic breast surgery (OPS) in Europe. It discusses the growing significance of OPS, particularly in the context of early detection and advancements in therapy and highlights the variation in its provision across European countries. The manuscript underscores the importance of standardized training and expertise for breast surgeons to deliver high-quality OPS. It also references the role of organizations like EUSOMA, UEMS, SSO, and ESSO in shaping OPS standards.

Overall Evaluation:

The manuscript is well-structured, and the content is relevant and significant. The authors provide a clear overview of the current landscape of OPS in Europe and emphasize the need for uniform training standards. Here are some specific comments and recommendations:

Reply: We thank reviewer C for the overall positive comments.

Comment: Clarity and Organization: The manuscript is generally well-written and organized. However, there are some sentences that could benefit from further clarity

and refinement to enhance readability. The transitions between different sections could be smoother.

Reply: We thank reviewer C for the comment and agree with the reviewers' feedback. We have therefore adapted the manuscript accordingly (as highlighted using tracked changes throughout the manuscript) to improve sentence clarity and readability and added or amended some sentences between sections to ensure smoother transitions.

Comment: Discussion Expansion: While the manuscript provides an excellent foundation, the discussion section could be expanded to delve deeper into the implications of OPS standardization for patient outcomes, healthcare systems, and healthcare professionals. Addressing potential barriers to implementing uniform training standards might also be beneficial.

Reply: We thank reviewer C for the comment and suggestion. We have correspondingly added a paragraph in the section 'OPS in Europe' Page 11.

Changes in the text: Standardization of OPS techniques across different clinicians, centres and countries is difficult to achieve given that OPS is tailored to each individual patient based on disease and patient factors and patient choice. Many surgeons worldwide also use different nomenclature for the OPS operations. The standardization in nomenclature in OPS will improve scientific comparability and clinical applicability of OPS (49). Therefore, a standardized breast surgical curriculum and training program could encourage national and international standardization of OPS worldwide.

Comment: Citations and References: The manuscript should ensure that all claims and statements are properly supported by relevant citations. Additionally, there seems to be a citation missing for the reference to the EUSOMA standards. Ensure that all references are accurately cited.

Reply: We thank reviewer C for the comment and apologize for this oversight. We have accordingly added citations as below.

Changes in the text: Page 5: In France, one of the leading teams in OPS led by Clough, reported that 13.9 % of patients with breast cancer received level 2 OPS, either upfront or after neoadjuvant treatment. Majority of these patients, up to 78% had volume displacement techniques used in their OPS procedures with unilateral mammoplasty

and 22% of patients had an immediate symmetrisation surgery (10).

Page 8 ‘Implant breast reconstruction was accelerated by the development of acellular dermal matrices (ADMs) and synthetic meshes (38).’

‘The resulting cosmetic outcomes were also better through improved lower pole projection (39).’

Page 10: ‘This shift has been supported by the EUSOMA with the introduction of a successful framework of certification to audit and accredit breast cancer treatment centres (43).’

Comment: Concluding Remarks: The manuscript could benefit from a strong concluding section that summarizes the key takeaways and underscores the importance of OPS standardization for the future of breast cancer care in Europe.

Reply: We thank reviewer C for the comment have amended the conclusion accordingly that we hope would strengthen the key takeaway message.

Comment: Overall, this manuscript holds great potential for publication, and it could make a valuable contribution to the field of breast cancer surgery and oncoplastic breast surgery in particular.

Reply: We thank reviewer C for the positive comment and feedback.