

## Peer Review File

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### Review Comments

We are grateful that the reviewers have taken time and effort to review our paper and we thank them for their comments.

#### Reviewer A

Comment 1: Insufficient detail is provided to allow full critical appraisal of your study.

Reply 1: We appreciate that it would be helpful to the reader, if the category of the manuscript is made clear in the text.

Changes in the text: We have inserted the following clarifying words to the abstract: “In this clinical practice review...”(See page 1, line 19)

Comment 2: A critical factor for the outcomes of breast surgery is the breast volume. Please could you give more details on preoperative breast volume of breasts treated with conservative surgery (breast-V?).

Reply 2: We have from the current literature not been able to find data on the association between preoperative breast volume and clinical outcomes after mastectomy. We have, however, made an additional comment in association with the meta-analysis on surgical margins and recurrences (ref. 27) in the section on “Risk of local recurrence after mastectomy – and spatial location of recurrences”

Changes in the text: We have inserted the following sentence: “In the included studies reporting on multivariate models’, the factors considered included molecular subtype and use of adjuvant therapy (radiotherapy and chemotherapy), but information on e.g. BMI or preoperative breast volume was not reported” (See page 9, line 209).

Comment 3: The manuscript seems to have unsupported inferences in the conclusions not supported by sufficient data. The size of the samples included and compared in the study is too small to adequately support the conclusions presented

Reply 3: We agree, that the significance of the superficial margin status is indeed supported by limited data currently, and it is highly important that we as a multidisciplinary team collect more data on lesion-to-superficial margin as well as clinical data on subsequent recurrences in order to eventually obtain sound conclusions.

Since the form of the paper is a clinical practice review, it does as such not provide new information, but intends to recap existing knowledge and bring it into a practical and clinically relevant context. The meta-analysis and systematic reviews referred to in the text encompass large number of patients (e.g. 34833 pts (ref. 1), 6901 pts. (ref.27)). Due to the category of the paper, it is not reporting findings of a specific study population/samples only.

Changes in the text: No changes have been made to the text regarding this comment.

Comment 4: I recommend the authors to improve their paper language.

Reply 4: We thank the reviewer for this comment. The entire manuscript has been revised by an English-speaking colleague also with specialty in breast cancer.

Changes in the text: The text has been grammatically corrected throughout. All changes to the text is identifiable from the revised document which includes track changes.

Comment 5: Subject of matter and conclusions too little innovative. The manuscript cannot be accepted because I think it is not the right Journal for this kind of paper. This study adds nothing new to what is already known and has a small study sample.

Reply 5: We kindly draw the attention to the fact that this is an invited review from Gland Surgery and therefore submitted to this journal. (please also see reply to comment 3).

With the increasing number of skin-sparing mastectomies performed not only for risk-reducing purposes but also for premalignant and malignant lesions, we believe that it is important to address issues that may concern the oncological safety of these patients. We believe it is essential that the individual participants of the multidisciplinary team are aware of the challenges each specialty may be facing in delivering an optimal contribution for the sake of the patient. We hope that this review paper will bring the attention to current data and to some of the controversies and practical complexities that may exist regarding evaluation and handling of the superficial margins in mastectomies and bring awareness to the possible significance of the status of this margin.

Changes in the text: See reply to comment 1. Otherwise, we have not made changes in the text.

## **Reviewer B**

Comment 6: Good review. No revisions. But remove powerpoint background on figures with Danish headings and powerpoint icons in background.

Reply 6: Thank you very much for the kind words. We apologize that the Powerpoint background with Danish headings and icons had not been removed in the initial version of the figures. Figures have now been prepared more carefully.

Changes in the text: All figures have been prepared according to the author guidelines.