

## Peer Review File

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### Reviewer Comments

**Comment 1:** I find this technique useful and encourage authors for their consideration to publish and document this, I would not postulate that the technique is novel, yet, as you mention, the literature on techniques for secondary corrections after DIEP is lacking.

It took me time to understand the message of the paper so I suggest several suggestions.

**Reply 1:** As you mention, the literature on secondary corrections after DIEP is lacking, which is why we have called this a novel technique. This is the first documentation of such a technique to our knowledge.

**Changes in text:** N/A

**Comment 2:** The title I somewhat misleading. Consider other options: eg Secondary mastopexy following nipple-sparing mastectomy with autologous breast reconstruction: a reinforced nipple-areola pedicle.

**Reply 2:** Thank you for your feedback. In order to clarify the message of the paper we have changed the title to “The Reinforced Pedicle Technique: Secondary Mastopexy following Nipple-Sparing Mastectomy with Autologous Breast Reconstruction”

**Changes in text:** see Title (Page 1, Lines 1-2; Page 3, lines 44-45) and Running Title (Page 2, lines 24-25).

**Comment 3:** Please, consider changing “hybrid pedicle” to “reinforced pedicle” throughout the text.

**Reply 3:** We have changed “hybrid pedicle” to “reinforced pedicle” throughout the text. The word “hybrid” may be misleading because it is commonly used to refer to cases of breast reconstruction that combine autologous and implant based techniques.

**Changes in text:** Throughout the whole text.

**Comment 4:** Line 60: change prophylactic to risk-reducing

**Reply 4:** We have changed prophylactic to risk-reducing

**Changes in text:** see Page 6, line 118 and Page 7 line 137

**Comment 5:** Line 73: specify the breast reconstruction performed: pocket, implant size, use of ADM/mesh

**Reply 5:** We have added this information to line 135

**Changes in text:** see Page 7, lines 133-135 which now read “A 34-year-old female with a history of left-sided breast cancer was treated with mammoplasty followed by NSM and implant reconstruction of her left breast (Motiva 425cc with TiLoop Bra Pocket in the pre-pectoral plane).”

**Comment 6:** Line 76: change prophylactic to risk-reducing, please, specify why she required this procedure (contralateral risk-reducing mastectomies should have an indication: hereditary risk despite negative genetic screening? higher contralateral cancer risk due to something else?, difficulties in radiological follow up?)

**Reply 6:** We have changed prophylactic to risk-reducing and added this information.

**Changes in text:** see Page 7, lines 138-139.

**Comment 7:** Specify the incisions (accesses) during DIEP procedure on the left and on the right- wise-pattern? It looks like you cut around the NAC? The reasons you did not perform the complete pexy at the same stage?

**Reply 7:** The incisions for both DIEP reconstructions was through a vertical incision inferior to the native NAC. We did not cut around the NAC in this stage because of concerns of blood supply to the NAC. We did not perform a complete mastopexy at this stage due to concerns of blood supply to the NAC.

**Changes in text:** see Page 7, lines 143-147

**Comment 8:** Line 87: specify, how did you monitor the tissue inferior to NAC

**Reply 8:** We used a sentinel skin monitoring paddle inset inferior the NAC. We routinely do this as a way to monitor the DIEP free flap. We excise the sentinel monitoring paddle in a revision procedure during which the patient may also have symmetrizing surgeries and/or fat grafting.

**Changes in text:** see Page 7, line 145

**Comment 9:** Further, please specify why you did not consider the periareolar mastopexy only, I guess this was due to the fact that you wanted to remove the DIEP skin islands.

**Reply 9:** Yes, we wanted to remove the skin paddles. If there were no skin paddles, this would not have been needed. We have made this clearer in the text.

**Changes in text:** see Page 8, line 160

**Comment 10:** Figure 6: there is a slight asymmetry in the NAC positions, please be critical to your results and comment on that in the discussion or in the text to Figure 6.

**Reply 10:** There is still a slight asymmetry in NAC positioning, but the patient declined further procedures and was pleased with her results. We have added this to the main text.

**Changes in text:** see Page 9, lines 184-186.

**Comment 11:** I would like to see more standardized photos, i.e. profile images, with arm elevated.

**Reply 11:** Unfortunately, we do not have profile images or images with arms elevated. We will take this into account for future journal articles.

**Changes in text:** None

**Comment 12:** Finally, include some comments on patients' satisfaction (I guess she was pleased after the abdominoplasty after DIEP surgery, but how does she like the appearance of her breast following the last correction?)

**Reply 12:** The patient was pleased with her results. We have added this to the main text.

**Changes in text:** see Page 9, lines 184-186.