Peer Review File

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Reviewer A

Comment 1: The last paragraph of the Introduction should be removed:

"The results indicated that Immediate autologous fat grafting is an effective and convenient technique for partial breast reconstruction after BCS. This technique will find broad and quick clinical application in China and Asia." It should be part of the Discussion. **Response 1:** We appreciate the suggestions from this knowledgeable reviewer. This paragraph has been moved to the discussion part accordingly (see Page13, line 270-271)

Comment 2: How many patients were submitted to oncoplastic techniques and lipofilling? The OPS technique may represent a bias since its application usually promotes an improvement of the cosmetics results. So it is not possible to demonstrate the real impasct of lipofilling if OPS technique also were used in a large number of patients.

Response 2: Lipofilling is one of the oncoplastic techniques. In this study, no patients were performed with other oncoplastic surgeries. Only the patients who had BCS with immediate lipofilling were compared with patients who had the traditional BCS. The current study evaluated the feasibility and safety of this new technique in Chinese Breast Cancer Patients, and the results indicated that the complication is low and could increase patient and physician satisfaction compared with traditional BCS.

Comment 3: The authors should also compare the resected volume between cases and controls.

Response 3: Thank you for the professional suggestions. Accurately recording the volume of the resected tissue in the control and experimental groups would be helpful. Owing to the fact that this study is a retrospective and preliminary one, we only recorded the resected volume of experimental group in order to calculate the volume grafted (1.5-2 times that of the excised tissue) at the outset of the study of exploring the feasibility of immediate fat grafting technique. All patients' operations are performed by two senior surgeons from the same surgical team, therefore, standardization could be ensured and the results of this study are still reliable. In our prospective randomized trial, the volume of resected in both groups has been accurately recorded as you suggested to make up for the current deficiencies.

Reviewer B:

Comment 1: BREAST-Q is a validated tool to assess the patients after breast operation. Please evaluate the quality of life and postoperative satisfaction of your patients with BREAST-Q questionnaire instead of 4-point Likert scale.

Response 1: We appreciate the suggestions from this knowledgeable reviewer. The BREAST-Q is a validated patient-reported outcome measure of breast-related satisfaction and quality of life, as indicated by this reviewer. Accordingly, we have already reorganized the questionnaire and replace the 4-point Likert scale of the original manuscript with BREAST-Q. Of note, the BREAST-Q scores indicated that greater satisfactions have been achieved for the lipofilled patients comparing to the non-lipofilled patients. The results of BREAST-Q are consistent with the results of 4-point Likert scale (see Page 7, line 142-149; Page 10, line 195-204).

Comment 2: Line 73 to 75, "The results indicated that Immediate autologous fat grafting is an effective and convenient technique for partial breast reconstruction after BCS. This technique will find broad and quick clinical application in China and Asia. "should not be placed in INTRODUCTION. Please put it in DISCUSSION or CONCLUSION.

Response 2: Thanks for this suggestion, we have revised our manuscript accordingly.

Comment 3: Please include LIMITATIONS in your manuscript.

Response 3: We added a Limitation paragraph in the last part of the DISSCUSSION accordingly (see Page 13, line 272-279)

Comment 4: In "Technique" section Line 138, please either omit or describe in details the components of tumescent solution used in your study.

Response 4: Thanks for this suggestion, the manuscript has been revised accordingly (see Page 6, line 112)