

Peer Review File

Article information: <https://dx.doi.org/10.21037/gs-20-892>

Reviewer A

Comment 1: I commend the authors for their dedicated research on aesthetic breast procedures commonly performed around the world. It is a little bit unclear who the audience is intended to be? Is this supposed to be a review article? Is it to educate non-plastic surgeons and non-oncologic breast surgeons about commonly performed aesthetic breast procedures? There is a lot of good information in here but it needs better organization. I commend your discussion of BII and ALCL however the ALCL data needs to be updated. Textured breast implants made by Allergan have been recalled and BIA-ALCL is no longer an "emerging concern". I'm also a little unclear what you mean by "a need for better regulation" of aesthetic breast procedures. This is mentioned in the introduction and conclusion but not really addressed in the body of the article.

Reply 1: We are thankful for your review and all your comments. They have been really useful in updating the manuscript. We have made some changes in the abstract, introduction and conclusions to better target the audience and incorporate your suggestions. The idea of the paper is to touch on most things as a brief review and then for the readers to dwell deeper into the areas that intrigued them the most. These could be trainees or non-plastic or oncological breast surgeons as suggested by you. We have addressed the Allergan implant issue as highlighted from you and have also updated the BI-ALCL guidelines as per the most recent updates. We have also removed the word 'emerging' as BIA-ALCL is an established condition. We have made some additions to the "putting aesthetic surgery in context of breast cancer" segment as well.

We are very thankful for all suggestions and your review of our work.

Thank you

Changes in the text:

1. Changes in abstract
2. Addition in introduction to address the premise of the article
3. Update of section on ALCL
4. Changes in section 'Putting aesthetic surgery in context of breast cancer'
5. Changes in conclusion

Reviewer B

Comment 2: A comprehensive review of the topic.

The Authors presented a comprehensive review of the topic. While the paper isn't exhaustive, it stimulates the reader to engage in further reading.

Reply 2: We are thankful for your kind review and words of encouragement. The idea of the paper is to touch on most things as a brief review and then for the readers to dwell deeper into the areas that intrigued them the most. Having an exhaustive discussion would have been too large for a journal article. Thank you for acknowledging this and giving us a boost.

Changes in the text: Highlighted throughout in red.

Reviewer C

Comment 3: The circum-areolar incision is a useful incision, particularly for entering the subfascial space

5,5A nipple shield can be used to isolate the nipple

5, 24 Sub-glandular placement should be sub-fascial

Sub muscular placement results in animation deformity

7,5There is controversy as to whether textured implants decrease capsular contraction

8,9 Palpability and wrinkling is more common with textured implants

8,1Many surgeons do use drains ,they are placed through long tunnels to prevent retro grade infection

Adjustable implants are not mentioned .They are useful in breast reconstruction and correction of implant problems.They are available in saline silicone combination and pure saline

Reply 3: Thank you for your review of the manuscript. Your suggestions were immensely helpful and we have incorporated some changes as outlined by you. We have mentioned about peri-areolar incisions in other choice of incisions apart from infra-mammary. We have added use of nipple shields to the manuscript. Use of a sub-fascial plane is not as widespread and routine. In our practice we mostly use sub-glandular placement in an appropriately selected patient. We have included sub-fascial plane in the manuscript as one of the choice of planes. Thank you for your suggestion.

We agree there is controversy regarding factors leading to capsular contracture, but with current evidence it is still a widely held notion, so we have kept that. We have also incorporated adjustable implants as an option. Thank you for brining that to our attention.

Many thanks for your suggestions.

Changes in the text:

1. Choice of pocket plane – Addition of sub-fascial plane
2. Implant choice – addition of adjustable implants
3. Operative procedure – Addition of nipple shields

Reviewer D

Comment 4: That is not very practical.

In my opinion it needs serious revision, there is no clear choice between warning for serious training and the dangers of lacjk their off, a description of certain procedures an emphasis on patient management. It is too long and needs a better focus on what the message is, it leaves the reader with more questions than answers.

Reply 4: Thank you for your review of our manuscript. We are grateful for your comments. The idea of the paper is to touch on most things as a brief review and then for the readers to dwell deeper into the areas that intrigued them the most. It is a vast topic and we tried to concisely summarise it as much as we thought was appropriate while at the same highlight pertaining issues in today's time like BII, ALCL and increasing social media attention. It is important for the young trainees to be aware of

this. We have done revisions to the manuscript and added more recent updates to the ALCL section. We would love any other suggestions if you may have. Thank you for your suggestions and guidance.

Changes in the text: Highlighted throughout in red.

Reviewer E

Comment 5: Good review.

Reply 5: We are thankful for your kind review and words of encouragement. The idea of the paper is to touch on most things as a brief review and then for the readers to dwell deeper into the areas that intrigued them the most. We are grateful for your time and consideration towards our manuscript.

Thank you.

Changes in the text: Highlighted in red.