

Peer Review File

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Reviewer A

An interesting manuscript with good photos showing a good cosmetic result from purse-string closure of the nipple defect.

Reply – Thank you.

Reviewer B

This article is about a surgical technique with nipple excision and purse-string closure. However, it is not a novel one and I cannot find other benefit compared to previous techniques.

Please gather more cases and analyze the clinical and esthetic outcomes with more cases.

Reply – Appreciate your comment. This article is a case report to highlight the importance of case selection for this surgical technique and the need for balance between safe excision and aesthetic outcome. We have gathered and included more cases that were recently published as well as review articles that summarized the different techniques published. So far, we have not come across any other published outcomes similar to ours following complete nipple excision. There may be similar results whereby nipple preservation techniques were used but those had a smaller defect to begin with. However, nipple preservation techniques are not always feasible. There is gross involvement of the entire nipple which necessitated complete nipple excision. Changes in text – in the body of discussion, line 55- 67, we included the latest review articles and case reports demonstrating different techniques, and highlighted the distinction in outcomes between nipple preserving techniques and excision for nipple adenoma.

Reviewer C

Interesting and educational case with a simple and effective approach that strikes a balance between safe excision and cosmetic outcome. Would be useful to include a radiological image. Given the patient's young age, average risk profile and that most adenomatous lesions of the nipple are benign, even with ulceration, could we entertain nipple sparing approaches, or if not at least the base?

Reply – Her US image did not demonstrate any nodular extension beyond the dermal layer, nor intraductal nodules. Nipple sparing approaches are definitely possible for cases whereby the nipple may not be wholly involved. As demonstrated in our clinical picture, the ulceration of the nipple covers the entire nipple, hence nipple sparing approaches were not advised.

Changes in text – We have included a literature review on both nipple sparing and radical excision techniques in the body of discussion between line 55 and 67.

Reviewer D

This case report offers an aesthetically acceptable solution for the difficult clinical scenario of a young woman needing nipple excision for a benign condition that can only be treated surgically. It would be meaningful to offer strategies for aesthetically acceptable management if clear margins were not able to be achieved.

This case report offers an aesthetically acceptable solution for the difficult clinical scenario of a young woman needing nipple excision for a benign condition that can only be treated surgically. It would be meaningful to offer strategies for aesthetically acceptable management if clear margins were not able to be achieved.

Reply – Appreciate the comment. Indeed, the need for clear margins is the most important in reducing recurrence, hence the decision for a delayed nipple reconstruction. We may be required to have further excision and, in such instances, we would recommend nipple reconstruction after definitive excision has been carried out. We have also included a discussion of various techniques that may help with excision. Discussing techniques of nipple reconstruction is not the main aim of this case report but we have included references for various nipple reconstruction methods.

Changes in text – We have included a list of other excision techniques published between line 55-67

Reviewer E

The case report highlights a unique closure technique for removal of the nipple due to a nipple adenoma in a patient who reported a good cosmetic outcome and ultimately declined further nipple reconstruction. More details are required to highlight the focus and purpose of this case report as it pertains to the type of closure used and the reported aesthetic outcomes related to nipple adenoma surgery in general.

1. The title of the case report states the surgery is "scarless" but the concept of "no scar" is not brought up again in the case report and also in the photos there is a scar on the remaining areola. Would consider changing the title to be more consistent with what

type of surgery occurred and removing the word 'scarless'. (Line 1)

Reply 1 – We apologized for the lack of reference to this point. We added justification to why we chose the word as 'scarless'. There is but a small inconspicuous scar in the areola, and hence the outcome resembles one which is 'scarless'.

Changes in text – line 44 -45 Referred to the outcome of almost scarless excision.

line 73 – we added, “The final outcome of the nipple excision resembles that of a 'scarless' excision and remains aesthetically pleasing.”

2. The abstract states the technique used is not novel but also not described before, those are conflicting statements, please consider re-phrasing. (Line 13-14)

Reply 2– The purse string closure has been described for other wound defect, but not following a circular excision of the nipple.

Changes in text –We added in line 13-14 - This may not be a novel technique as it has been described for closure of other defects. [2] (We added a reference here) The benefit of a purse-string closure of a circular nipple excision defect to reduce scarring may be underreported in the literature.

3. The abstract includes a reference to the CARE guidelines which are reporting guidelines for case reports, it is not relevant to the abstract and focus of this case report, please consider re-focusing the point of this reference or removing (Line 19)

Reply 3 – Agree with suggestion.

Changes in text – removed line 19

4. The background again includes the CARE guidelines line 27, the purpose of which is limited.

Reply - It is recommended by the journal to include CARE guidelines. As such the authors have included it in the body.

5. Line 25 refers to "a good aesthetic outcome in a young patient" is problematic and assumes older patients are not interested in good aesthetic outcomes, would consider removing or can be re-phrased to "a good aesthetic outcome, particularly in young patients".

Reply - Thank you for the suggestion.

Changes in text – line 25- we have included the word “particularly”

6. Line 39, what does "with a view for staged nipple reconstruction" mean? Please clarify.

Reply – The reason for a proposed staged procedure is to have pathological

confirmation of a clear resection margin prior to a definitive nipple reconstruction surgery.

Changes in text – line 39, we have changed the wording to ‘delayed’ to avoid confusion.

7. Line 51 can consider re-wording to "surgical excision is the only definitive treatment for nipple adenoma."

Reply- Agree and thank you for the suggestion

Changes in text – line 51, we have added the word ‘definitive’

8. Line 52-53 in the discussion, please apply a reference to "younger patient, further surgery to reconstruct the nipple is associated with low satisfaction rate" what is in the literature about patient reported outcomes after nipple adenoma or nipple removal and what are the trends related to age?

Reply – Where radical central breast excision is being undertaken, further surgery is required to reconstruct nipple. The lower satisfaction rate was reported in a review. The literature has been summarized in the referenced review paper published in Annals of Breast surgery. We have removed the discussion of trends related to age as it may be confusing.

Changes in text – line 53-67 we have included a few other references including the initial reference to Tatterton MR, Fiddes R. Nipple adenoma: a review of the literature. Ann Breast Surg 2019;3:29