

## Peer Review File

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### Reviewer A

This is a well written concise description of OP breast surgery in the UK, its inception development and outcome in its initial phase. As stated this is an emerging process that has led to concentration and reduction of smaller units as the prerequisites of a full service cannot be fulfilled in smaller units.

Suggested are few small details and suggestions:

p5 109 MDM should be written out full text. I failed to see it in full terms.

*See p5 line 113: ...Multidisciplinary meeting (MDM)*

p7. regarding Spain and Sweden having plastic surgeons do breast reconstructions. Training in OP surgery in Sweden has like in the UK forced breast surgeons in Sweden to master at least implant based reconstructions and to master level 1 and often 2 in OP surgery. The surgeons are trained nationally and internationally. Late reconstructions often autologous cases are still performed by plastic surgeons. would suggest the author to amend the paragraph slightly.

*(now p6/7) lines 153-163: ....mastectomy have been performed traditionally by plastic surgeons. But recently, breast surgeons throughout Europe are beginning to extend their skill-base to include immediate implant-based reconstruction and Level 1 and Level 2 breast-conserving procedures. This development is generally supported by their plastic surgical colleagues, who perform the more complex autologous pedicled and free flap reconstructions as immediate, delayed or salvage procedures.*

p13 the increasing numbers of patients where BCS is possible due to yes OP procedures but also the increasing therapy switch from adjuvant to neoadjuvant chemotherapy. Consider adding?

*(now p12) lines 328-329: The more widespread use of neoadjuvant therapy is also reinforcing this trend.*

### Reviewer B

A very interesting road map for OP breast surgery in the UK. Recommend minor

revisions for punctuation and grammatical corrections.

A comment on page 8 lines 193-198 - would argue that autologous flaps are the gold standard in patient's receiving post mastectomy radiation, however, that implant based reconstruction remains a good option for many patients, specifically those who are not candidates for autologous procedures.

*(now p8/9) lines 219-228: Today, autologous flaps provide an important option for patients who want to minimize the adverse effects of post-mastectomy radiotherapy after immediate reconstruction.*

Page 10 lines 221 - 222 please provide example of OP techniques without mature data or state a reference.

*(now p10) lines 256-258: Examples include the rising use of a range of perforator flaps for volume replacement, and immediate prepectoral reconstruction using subcutaneous meshes after total mastectomy.*