Peer Review File

Article information: https://dx.doi.org/10.21037/abs-23-19

Reviewer A	**Author Response**	**Location in Revised Manuscript**
The first 3 lines (15-18) of the abstract would benefit from restructuring	We have restructured lines 15-18.	Lines 15-18
Line 19&20 " to individuals with BRCA1&2" could be better described as (Risk reducing mastectomy, whether for gene mutations such as BRCA , PALB2 etc or high risk)	We have restructured lines 19-20	Lines 22-23
The case report used as a reference (line 112) for vertical reduction pattern, could be substituted by case series published by Malata for Le Jour vertical pattern for mastectomy	We have substituted Malata's case series appropriately.	Line 104

Reviewer B	**Author Response**	**Location in Revised Manuscript**
In the paragraph introduction you described: "In the 1991, the term "skin-sparing mastectomy was coined by Toth and Lappert for immediate reconstruction….". It would be better replace in: "In the 1991, the term "skin-sparing mastectomy" was coined by Toth and Lappert; technique that allowed faciliting immediate reconstruction thanks to the advantages given by preservation of the uninvolved breast skin and of the inframammary fold. Kroll et al,..."	We have restructured the line accordingly	Lines 42-44
In the paragraph indications you described the indications of NSM but not for SSM, please adding the correct indications.	Added the indications and including a reference.	Lines 67-68

Also in this paragraph adding the reference: Simmons RM, Fish SK, Gayle L, et al. Local and distant recurrence rates in skin-sparing mastectomies compared with non-skin-sparing mastectomies. Ann Surg Oncol. 1999;6(7):676-681. doi:10.1007/s10434-999-0676-1)	Added the reference.	Line 76
In the paragraph surgical techniques when you described a difference patterns, as compared to Carlson's; please consider adding the reference: Casella D, Cassetti D, Marcasciano M, Lo Torto F, Fusario D, Miccoli S, Fausto A, Restaino V, Ribuffo D, Neri A. Double Asymmetric Circular Incision, a New Skin-Sparing Mastectomy Technique: Results and Outcomes of the First 46 Procedures. Plast Reconstr Surg. 2023 Mar 1;151(3):384e-387e. doi: 10.1097/PRS.0000000000009907.	Added the reference and topic discussion to lines 120 to 122.	Lines 108-110

Reviewer C	**Author Response**	**Location in Revised Manuscript**

"As stipulated by the 2023 US National Comprehensive Cancer Network guidelines, SSM and NSM are safe for patients with early-stage, biologically favorable invasive breast cancer or DCIS at least 2 cm from the nipple; imaging results indicate no nipple or skin involvement, clear nipple margins, and no nipple discharge or Paget's disease (11–15)." NCCN 2023 does not stipulate distance of tumor from NAC and consensus statements have abandoned the 2cm 'guide'. Kindly review?	Removed as per NCCN 2023.	

Some authors have also described endoscopic or videoassisted SSM with either IBR or LD flap-based IBR, using a lower axillary incision of 5-6 cm after sentinel lymph node biopsy or level I/II dissection through the same incision (20–23)." The endoscopic and robotic NSM is very well established alongside immediate implant and LD reconstruction. Several authors have described successful MIS NSM with immediate abdominal based flap reconstruction including free Perforator Flap Reconstruction. Given this is a review on SSM, one sentence to describe all these variations seems to neglect a substantial part off the topic. In addition the described axillary incision is but one approach to the procedure. To review an important topic like SSM, it may be helpful to relook evolution of indications and refine this to the current standards, compare instead conventional, MIS and special circumstances such as skin reducing approaches, in relation to risks / complications involved and cosmetic outcomes. The current article does not contribute more than we know to basic knowledge on SSM.	We have added appropriate literature to the discussion such as https://gs.amegroups.com/article/view/32843/html (This article discusses how continued improvements in techniques and tech advancements will increase the likelihood of minimal access techniques becoming the standard of care for managing breast cancer) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8640170/ (This also talks about the increasing trend also in part due to steadily decreasing costs of purchasing and maintaining the equipment) https://link.springer.com/article/10.1245/s10434-022-11634-w (These guys say minimal access breast surgery has improved cosmetic outcomes than conventional surgery)	Line 200-240
Reviewer E	**Author Response**	**Location in Revised Manuscript**

Not once is the vascularisation of the skin discussed. Crucial parameter for mastectomy skin flap survival.	Added 4 lines regarding the importance of preserving the subdermal plexus, substantiated by O'Connell 2015. Added 22 lines under section 2 "SSM Surgical Techniques" and 8 references to elaborate further on the relevant blood supply and importance to avoid compromising those.	Lines 55-60 Lines 157 - 178
In breast cancer core needle biopsy/punch canals are not resected.	Reference to puncture removed	Lines 90
The classification (3.2.) offers no new aspects and is not relevant for oncology and reconstruction. "Losangic" is an unusual term in this context. Table 2 lacks citation.	Cited Gonzalez et al. 2015. They also used the term "Losangic". However reference to this term in our paper removed.	Table 2
Of course smokers are "suitable candidates" for SSM. One cannot withhold it from them if indicated. One must then adapt the surgical technique.	Added " and so one must then adapt the surgical technique "	Line 85
Type 1 is operated on via a "5mm incision"? Is cm meant? I would use the term "circumareolar" or "periareolar" here.	(4) Gonzalez' paper states 5-mm, however agreed that is very short. We have added "or longer" to 5mm. Peri-areolar replaced incision border of NAC.	Lines 91 and 93
The founders of the vertical techniques were Claude Lassus and Mme Lejour. Hall-Findlay only popularised the vertical technique in the USA/ Canada.	Clarified the founders " founded by Claude Lassus and Madeleine Lejour,"	Lines 103-104

Line 126 -129 is unclearly formulated, does not correspond to the NCCN guidelines.	Information from the NCCN guidelines were provided. Reference added	Line 118-120
Please replace "prosthesis" with "implant". Line 133 is simply not correct.	Replaced all words "prosthesis" with "implant"	Lines 142, 143 and 152
Chapter 3.5. one should rather talk about surgical technique here: preparation in the right plane with knife/scissors, or HF, or plasma etc.. It is not necessary to surgically explore every necrosis (line 146). It depends on the extent.	Have clarified that surgical debridement may be indicated in some cases.	Section 2.1 Line 144-146
If reconstruction is to be the topic here (section 3.7.2), then the titel "defining SSM" must be changed.	Changed	
Table 3: please revise contraindications.	Added	Table 3
Recent work shows the combination of SSM with free NAC transplantation. This should also be mentioned. Doren, E.L. et al Free nipple grafting: An alternative for patients ineligible for nipple-sparing mastectomy? Ann. Plast. Surg. 2014 and Fansa, H. et al Autologous Breast Reconstruction with Free Nipple-Areola Graft after Circumareolar (Skin Reducing) Mastectomy. J. Pers. Med. 2022, 12, 1588. https://doi.org/10.3390	Added appropriate references.	