

## Peer Review File

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### Reviewer A

A good paper with thought provoking approach to management of male breast cancer. Page 11 (line 13) - I think should read "some MEN over the age of 70"

**Reply:** We revised the text to make it clearer that radiation can be omitted in some women over the age 70, but for most men, radiation will be recommended after BCS. Page 11 line 12-13.

### Reviewer B

Good overall review of male breast cancer surgical treatment trends.

For Figure 5:

1. For mastectomy options --> clinical/radiographic assessment --> no nipple involvement with negative margins, nipple involvement or removal for margins..., nac involvement by cancer. It is a bit confusing and sounds like a blend between radiographic assessment and final pathology determination. Recommend adding another layer to this part of the algorithm.

**Reply:** We added another layer to reflect pathology criteria. Figure 5.

2. areolar sparing mastectomy is not standard for women with positive nipple margins with a nipple-sparing mastectomy. Would say "consider" ASM versus NAC excision.

**Reply:** Agree. We added an asterisk for "positive nipple margin" to reflect that NAC excision or ASM can be considered. Figure 5.

3. Not necessary to subdivide the BCS algorithm by BRCA testing. There is no evidence that mastectomy in male patients is necessarily beneficial.

"consider" mtx options

**Reply:** We agree that men with BRCA mutations do not have as much of a risk for recurrence as female BRCA-mutation carriers after BCS. However, we do not have data supporting one way or the other for male BRCA-mutation carriers. Hence, we think "considering" mastectomy options is reasonable.