

Peer Review File

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Review comments

Reviewer A

The Authors described their experience on patient reported outcomes and aesthetic assessment following chest wall perforator flap partial volume replacement for primary breast cancer. The topic is relatively new, the results interesting to a global audience.

Comment 1:

Thank you for your positive comments.

Reply 1:

We have modified the manuscript to add images which may add a new dimension to the manuscript for the audience of readers.

Changes in the text:

New figures. Pages 24/25

Reviewer B

Very simple study which does not seem to add much to what is already known in the literature.

They could perhaps include photographs and more details about the evaluation and how they accounted for biases

Analysis is very basic

Could have done a pilot to try and validate their tools prior to study

It is an important topic, but has been well established that patients with bcs and oncoplastics have higher PROMs, thus I do not find that this paper gives an added or unique perspective

Comment 1: Does not add much to what is already known.

Reply 1:

Thank you for your comments. The additional elements that this study brings is the inclusion of 3D imaging assessment which has never been utilised in this cohort of patients. There is a relative paucity of data looking at patient reported outcomes in the CWPF cohort of patients.

Changes in the text: We discuss what this study adds in the discussion and conclusion (page 13-17) – I have not made any specific changes .

Comment 2: Include photographs, more details about the evaluation and how they accounted for biases.

Reply 2:

Thank you for your comment, photographs with patient's consent have now been added

to the manuscript. A discussion regarding how the evaluation of imaging by panel assessment was performed has been added to the methodology (page 8) and how we accounted for potential biases has also been added (page 10).

[Changes in the text:](#)

See photographs Pages 24-25.

See addition of information about how the panel assessment evaluations were conducted on Page 8.

See page 10- address of potential biases.

[Comment 3: Well established that patients with bcs and oncoplastics have higher PROMs, thus I do not find that this paper gives an added or unique perspective](#)

[Reply 3:](#) It is established that PROMs in patient undergoing oncoplastic procedures is better, however, there are limited studies that have assessed this specifically in a chest wall perforator flap group. As this technique is relatively novel and not widely practiced globally this supports the use of CWPF as a valuable tool in the oncoplastic repertoire. The number of studies that have used 3D-SI to complement the panel assessment after BCS is also limited and this is the first to use it specufucally in a CWPF flap cohort.

[Changes in the text:](#)

No specific changes to text made.
