Peer Review File

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Reviewer A

Introduction

Comment 1: Please provide a reference for line 82-82: "Each method has its benefits and disadvantages, and none have demonstrated clear superiority over the rest."

Reply 1: References to support the above statement have been added.

Changes in the text — line 81–82**:** "Each method has its benefits and disadvantages, and none have demonstrated clear superiority over the rest (12,13)."

Methods

Comment 2: Please state that this is a retrospective cross-sectional study.

Reply 2: The 'Methods: Study design' section of the manuscript has been updated to state the above.

Changes in the text — line 93–95: "A retrospective cross-sectional study was performed including adult patients (over 18 years old) who underwent limited parotidectomy with dermofat graft reconstruction for benign parotid tumours between 2013–2021."

Comment 3: Could the authors comment on post-operative management in these patients including dressings and/or antibiotic use?

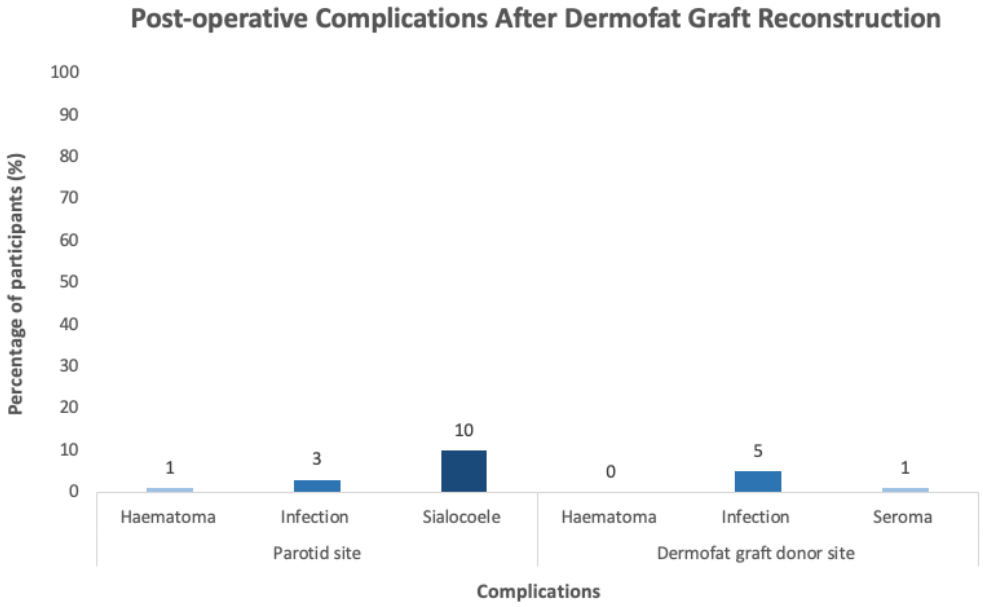
Reply 3: Further information regarding the post-operative management has been included in the 'Methods: Surgical technique' section of the manuscript.

Changes in the text — line 119–121: "Wound closure strips (such as 3M Steri-Strips) are applied along the line of incision and routine antibiotics to cover skin organisms (cephalexin 500mg three times daily for 7 days) are prescribed."

Results

Comment 4: Perhaps displaying the main results (cosmetic outcomes and complications) in graphical form would be easier for the reader to appreciate.

Reply 4: Thank you very much for the suggestion. One graph has been added as Figure 2 in the manuscript to replace the original Table 3 and visually represent the patient-reported outcomes post-dermofat graft reconstruction. A second graph was generated for Table 2 (see below). We feel as though the information is better represented in a table form rather than a figure. However, we are happy to submit the figure below if you feel it is more appropriate. Please advise if you would like the following figure included.



Changes in the text — Line 171–172: "Several patients reported experiencing numbness (33%, n = 26) or pain (24%, n = 19) at the dermofat graft donor site (Figure 2)."

— Line 324–325: Figure 2.

Discussion

Comment 5: Please provide a reference for line 185-187: Our rates are lower than previously reported findings…"

Reply 5: References have been added for the above statement.

Changes in the text — line 191–193: "Our rates are lower than previously reported findings for donor site haematomas (0–4%), donor site seromas (0–5%), and parotid site haematomas (0–10%) (12,15,19-21)."

Comment 6: Please also provide a reference for line 193-194 regarding the statement that the risk of sialocoele is related to tumour size.

Reply 6: References have been added to that statement in the revised manuscript.

Changes in the text — line 199–201: "The risk of sialocoele is also related to tumour size and in our series, the mean tumour size was 23mm ± 11mm (15,22)."

Comment 7: The authors also mention high cosmetic satisfaction and rates and complication rates reported in existing literature but justify the study in the introduction by stating that there is little published data on complication rates and cosmetic outcomes from dermofat grafting. Could they further explain the uniqueness of this paper?

Reply 7: Thank you for the feedback. We have made changes to the manuscript to clarify that this manuscript is unique in that it is the study with the largest sample size compared to existing publications on the same topic, and has a much more standardized cohort. Where other studies have included patients with both benign and malignant disease, or total and limited parotidectomies, or combined reconstructive methods, we have dedicated our investigation to patients undergoing dermofat graft reconstruction post-limited parotidectomy for benign diseases. It is our hope that this will provide greater representative analysis of the experience of this patient cohort.

Changes in the text:

— line 84–85: "Current publications on the complication rates and patient cosmetic satisfaction post-dermofat grafting are limited by their small and heterogenous cohorts."

— line 182–188: "Existing reports on the complications and patient satisfaction with this reconstruction method, however, arise from small sample sizes and mixed cohorts (e.g. benign and malignant tumours, total and limited parotidectomies, combined reconstructive methods). This study is the largest Australian-based study dedicated purely to investigating the incidence of post-operative complications and patient-reported outcomes associated with dermofat graft reconstruction in limited parotidectomies for benign parotid disease."

— line 248–249: "However, our cohort is certainly the largest amongst existing reports, which can allow for greater representative analysis."

Reviewer B

Thank you for submitting your article which is a cross-sectional study looking at the use of dermofat grafts in parotid reconstruction.

This article gives a good overview of the subject and shows that dermofat grafting is a reliable reconstruction with limited side effects.

It adds to the available literature and is worthy of publication.

Editorial Comments

Comment 1. Abstract, Background: The background provides a good context for the study. Consider adding a brief explanation of why dermofat grafts are chosen over other methods, to emphasize the relevance of the study.
Reply 1. The text in the manuscript has been modified as follows.
Changes in the text — line 81–84: "One reconstructive method that has been described is using dermofat from the abdomen which has appeal due ease of donor site graft harvesting, ability to mould to the defect, and minimal donor site morbidity".

Comment 2. Abstract, Methods: This section is clear, but you might want to specify the type of questionnaire used (e.g., standardized, self-developed) for more context on how cosmetic satisfaction was measured. Also, specifying the total number of patients approached for the study compared to those who responded (79) could provide insight into response bias.

Reply 2. The text in the manuscript has been edited to include the type of questionnaire used as shown below. For the total number of patients approached, while the information was originally included in the first sentence of the Results section under Population characteristics, we have modified the sentence in the manuscript for further clarity.

Changes in the text:

— Line 93: "A retrospective cross-sectional study using a self-developed questionnaire was generated."

— Line 141–143: "A self-developed questionnaire was created and sent out to participants to obtain patient-reported outcomes on donor site issues (numbness, pain, and impact of scar), issues relating to the parotid surgical site (gustatory sweating and cosmetic satisfaction)."

— Line 159–161: "142 patients fulfilled the inclusion criteria and were approached for the study, of which 79 consented and returned the questionnaire. Only these 79 patients were included in the analysis; the other 63 were excluded."

Comment 3. The authors may consider including "cosmetic satisfaction" in Keywords.

Reply 3. We have added this as suggested.

Changes in the text — line 68: "cosmetic satisfaction"

Comment 4. Methods: "Patients … were included if they met the above inclusion criteria and consented to participate in this study." We fail to see the specific eligibility criteria. Moreover, in addition to the inclusion criteria, please mention any exclusion criteria applied.

Reply 4. We have edited the manuscript to include this.

Changes in the text — line 95–100: "Inclusion criteria were patients aged over 18 years old who underwent limited parotidectomy with dermofat graft reconstruction for benign parotid tumours between 2013–2021 and consented to participate in the study. Exclusion criteria were patients under 18 years of age and all patients that had parotidectomy for cancer or for benign pathology that did not have a dermofat reconstruction."

Comment 5. Methods: Please clearly state how missing or incomplete data was handled in the analysis.

Reply 5. Only patients with complete data (i.e. 79 patients that completed the questionnaire) were included in the analysis. The remaining 63 patients were excluded from the study and no information pertaining to these patients were included in the analysis. This information has been amended in the manuscript as shown below.

Changes in the text — line 159–161: "142 patients fulfilled the inclusion criteria, of which 79 consented and returned the questionnaire. Only these 79 patients were included in the analysis; the other 63 were excluded."

Comment 6. If available, please provide more details about the severity and duration of the complications. Accordingly, add columns in Table 2 for the average duration/ ranges and the severity of complications.

Reply 6. Information regarding the severity and duration of the complication is not recorded in the Sydney Head and Neck Cancer Institute Database. Finding out this information would require review of the clinical records which might be difficult given that the data was collected from 2013

and at this time some of the surgeons were not keep electronic medical records (i.e. paper files only which will be archived). If the Editorial board feels this is crucial then we can do it, but may potentially take many weeks to obtain. We feel this information doesn't really add to the narrative of the story but happy to comply if you wish. Please advise us of your preference.

Comment 7. Clarify how the terms "mild", "moderate", and "severe" were defined in the context of numbness, pain, and gustatory sweating.
Reply 7. When developing the questionnaire and given the potential cohort size, it was decided to use the terms "mild", "moderate" and "severe" as options instead of a visual analogue scale ranging from 0-5. Numbness and pain are subjective measures and there is no objective test for these variables. Similarly, the amount of gustatory sweating is difficult to scale with an objective measure. So we decided to let the patients describe a severity variable that was relevant to them. This has been included in the manuscript for clarity.
Changes in the text — line 146–148: "These terms were not objectively defined, rather patients were allowed to describe a severity variable relevant to them."

Comment 8. Table 1: For "Years since surgery", consider reporting the median and range, especially if the data is not normally distributed.
Reply 8. The "Years since surgery" value in Table 1 has been amended to include the median and range.

Comment 9. Figure 2: Add clear titles to the x-axis and y-axis to indicate what is being measured. For example, the y-axis could be titled "Percentage of Participants", while the x-axis could be titled "Outcome Categories".
Reply 9. The titles in the above figure (now called Figure 3) have been amended as suggested.

Comment 10. Figure 2: The label "Bother factor of donor site scar" could be simplified for better readability. Perhaps "Donor Site Scar Impact" might be clearer.
Reply 10. This has been amended as suggested.
Changes in the text — The figure above (now called Figure 3) has been amended.
— Line 141–143: "A self-developed questionnaire was created and sent out to participants to obtain patient-reported outcomes on donor site issues (numbness, pain, and impact of scar), issues relating to the parotid surgical site (gustatory sweating and cosmetic satisfaction)."

Comment 11. Please use borders and lines sparingly in tables to avoid clutter. A standardized and common approach is to use horizontal lines below the header and at the bottom of the table, with vertical lines used only when necessary to distinguish between different types of data.
Reply 11. The suggested changes to the table have been done.