Peer Review File

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1. The most significant shining point of this manuscript is its focus on whether we should delay the reconstruction. However, though table 1 systematically reviewed previous similar cases, which is excellent, authors should have focused on reviewing cases that applied the reconstruction at different time points and corresponding outcomes.

Reply: We focused reviewing cases that applied the reconstruction at different time points and corresponding outcomes. So we added the description in the "Discussion" as "We add our present case to Lohsiriwat's case and summarized the clinical results as Table 1. Out of 13 BCP patients, 9 completed expander inflation during pregnancy, and eventually underwent definitive implant positioning. The time from insertion to substitution of the expander was ranged from 10 to 32 months (6). Remaining four, our case was exchanged from TE to SBI after delivery and other three were still inflating their TE. They had a plan for definitive implant substitution procedure in the following months at the time of the literature submitted. We were able to observe the breast size and shape at pregnancy period, just after delivery, during breast feeding and after giving up breast feeding. From this experience we aware that it is adequate selection for a BCP patient with non-ptotic and small breast to receive inflation of TE during pregnancy, after delivery and nursing. On the other hand for patients with ptotic and/or large breast, it would be necessary for them to add some reduction operations to the contralateral healthy breast to achieve a symmetrical result like Lohsiriwat's cases.", according to reviewer's comment

2. The similarity rate is a bit high.

Reply: Some citings have not been paraphrased enough. Please do further paraphrasing.

We did parapharasing, according to reveiwer's comment.

3. Regarding table 1, some abbreviations in table 1 are not presented with full name. And, do authors have unified the definition of distant relapse and local relapse between case 1 to 13?

Reply: We corrected some mistakes in Table1 such as ‘yes’ to ‘Yes’, and ‘Ys’ to ‘Yes’. We added the definition of distant relapsed and local relapse in the section of ‘Relapse(months)’ of Table1.

4. Regarding the figure, please add a new figure/timeline to outline the whole procedure, including patient information, clinical findings, diagnosis, therapies, reconstructions, relapse, and prognosis etc. Make sure it is clear and could stand alone.
Reply: We added Table 2 “The time line of pregnancy and breast cancer treatment” to show a whole procedure, clinical findings, diagnosis, therapies, reconstructions, relapse and prognosis, according to reviewer’s comment. We also added the description such as “The time line of this patient’s procedure of pregnancy and breast cancer treatment were shown in Table 1.”, in section of Patient, Diagnosis in the text.

5. Regarding the abstract, the present version missed vast vital information. Please note there should have 200~350 words in this section. Essential information should be presented in the abstract, including what is unique of this case report, what's the outcome, what's the take-away lesson etc.
Reply: We completely revised abstract such as “A 39-year-old gravida 1 para 1 pregnant Japanese woman underwent skin-sparing mastectomy and axillary lymph node dissection with immediate breast reconstruction using a tissue expander (TE) at 32 weeks of pregnancy under general anesthesia. Inserted TE (300 cc) was expanded during breast feeding while the volume was 240cc of the resected breast tissue. One month after delivery, 2 months after surgery, the contralateral healthy breast increased in size and the inframammary line was deviated toward a caudal site which was larger than 300 cc- inflated TE. She stopped breast feeding to receive a systemic chemotherapy after one months-breast feeding. At 3 months after delivery, the healthy breast size was smaller than the 250 cc-expanded breast and both the inframammary lines were at the same level. She was diagnosed local recurrence 3 month-postoperatively, so we resected the recurrent lesion and exchanged TE to silicon breast implant immediately. Finally, a good symmetry was obtained after insertion of the 220 cc SBI. At an immediate breast reconstruction using TE, we should know the dynamic change of breast volume and the level of inframammary line of the healthy breast during those phases of pregnancy, delivery, and nursing.”, according to reviewer’s comment

6. Regarding the introduction, the introduction needs to be more focused on the time—when was the reconstruction done in previous literature, what's the gap, and what is the rationale for this case (immediate)?

Reply: We changed the description in Introduction such as “At an immediate breast reconstruction using TE, we should know the dynamic change of breast volume and the level of inframammary line of the healthy breast during those phase of pregnancy, delivery, and nursing.”, according to reviewer’s comment.

7. Besides, IR on page 4, line 7 is probably a typo (should be IBR).

Reply: We corrected IR on page 4, line 7 is probably a typo to IBR, according to reviewer’s comment.

8. Add dosage for each medication.

Reply: We added a dosage of each medication in Page 7, according to reviewer’s comment.

9. Add one separate paragraph to list both strengths and limitations of this case report.

Reply: We added a separate paragraph to list both strengths and limitations of this case report, according to reviewer’s comment.

10. The present conclusion only concludes what's done in this case. Please add some take-away lessons.

Reply: We changed the description of Conclusion such as “In this case of a patient diagnosed with BCP, local recurrence occurred after a short disease-free interval following immediate breast reconstruction using TE. Oncologically, the needle tract feeding/implantation should be resected at the time of primary operation. The definitive observation of the breast during pregnancy, breast feeding, and after feeding would help for breast surgeons to reach a good symmetrical result.”, according to reviewer’s comment.

11.Please check the box of CARE GUIDELINE item 13 if patient informed consent is available.

Reply: We checked 13-CARE-Checklist GS-20-217

12. Timeline is still needed.

Reply: Time line is provided as Table 1. It was revised from JPG file to Word file. It is editable.