## SDC2 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>1.</sup> Albornoz et	USA &	633 women who had implant-based	Radiation versus no	Observational	cross-sectional	Level III
al 2014	Canada	breast reconstruction with mean age	radiation		survey	
		of 51.3 yrs				
<sup>2</sup> . Atisha et al	USA	7,619 women who had a history of	Breast-conservation	Observational	cross-sectional	Level III
2015		breast cancer surgery with mean age	surgery with radiation		survey	
		of 57.9 years ±9.4	versus mastectomy with			
			or without reconstruction.			
3. Buchanan et	USA	30 patients had mastectomy with	Unilateral mastectomy vs	Observational	Retrospective	Level III
al 2016		reconstruction and aged 49.1yrs	contralateral prophylactic		cohort	
		ranging from 34yrs to 69yrs old	mastectomy			
<sup>4.</sup> Bykowski et	USA	107 patients who underwent breast	Before versus after	Observational	cross-sectional	Level III
al 2017		cancer-related Nipple-areola	Nipple-areola complex		survey	
		complex reconstruction	reconstruction; Follow			
			up<1.5yr versus >2.5 yrs			

SDC2-2 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>5.</sup> Chao et al	Taiwan	110 women aged 48.8 ± 9.5 yrs	Mastectomy with	Observational	Prospective cohort	Level IA
2014		(range 27-71 yrs) who underwent	reconstruction vs without;		COHOIT	
		mastectomy and/or breast	immediate versus delayed			
		reconstruction	reconstruction			
<sup>6.</sup> Davis et al	USA	65 women who had breast	Multiple comparison	Observational	cross-sectional	Level III
2014		reconstruction aged 49 years old			survey	
<sup>7.</sup> de Blacam et	Ireland	61 patients aged 50yr±10 who had	multiple regression	Observational	cross-sectional	Level III
al 2016		mastectomy with reconstruction			survey	
8. Dieterich et al	Germany	48 women aged 49.3±8.1vwho had	IBBR alone versus IBBR	Observational	cross-sectional	Level III
2015		IBBR with TiLOOP bra, 42 women	with TiLOOP® Bra		survey	
		aged 52.9± 8.6 had IBBR alone				
<sup>9.</sup> Duraes et al	USA	176 patients who were diagnosed	Immediate vs delayed vs	Observational	cross-sectional	Level III
2016		breast cancer	secondary reconstruction		survey	

IBBR=Implant-Base Breast Reconstruction

SDC2-3 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>10.</sup> Eltahir et al	Netherland	137 women aged 50.5 years old who	Mastectomy alone versus	Observational	cross-sectional survey	Level III
2013		had mastectomy with/without	mastectomy plus		Survey	
		reconstruction	reconstruction			
<sup>11.</sup> Goyal et al	UK	21 women aged 48yrs old (range 30-	Multiple regression	Observational	cross-sectional	Level III
2011		70).who had dermal sling-assisted			survey	
		breast reconstruction.				
<sup>12.</sup> Ho et al	USA	510 women aged 54.3 ± 9.3 yrs old	Multiple regression	Observational	cross-sectional	Level IIB
2013		who had breast reconstruction			survey	
<sup>13.</sup> Howes et al	Australia	400 women age 54.3 yrs who had	BCS vs. mastectomy with	Observational	cross-sectional	Level III
2016		breast cancer surgery	or without reconstruction		survey	
<sup>14.</sup> Hwang et al	USA	3977 women had breast cancer	CPM versus. no CPM	Observational	cross-sectional	Level III
2016		surgery with mean age of 56.5yrs			survey	

BCS=Breast Conserving Surgery ; CPM= contralateral prophylactic mastectomies

SDC2-4 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>15</sup> . Inbal et al	Israel	51 patients had unilateral breast	Late vs. concomitantly	Observational	cross-sectional survey	Level III
2012		reconstruction using the DIEP flap	contralateral breast		,	
		with mean age of 49.7yrs	adjustment vs No			
			contralateral adjustment			
<sup>16.</sup> Jeevan et al	UK	7110 women had mastectomy with or	Mastectomy alone vs	Observational	Prospective cohort	Level IIA
2014		without reconstruction	mastectomy with breast		COTION	
			reconstruction			
17		822 patients aged 48.0 ± 10.3 yrs old				
<sup>17.</sup> Khavanni et	USA	who undergoing immediate or	Shaped and round	Observational	Prospective	Level IIA
al 2018	&Canada	delayed breast reconstruction	silicone gel implant		cohort	
<sup>18.</sup> Koslow et al	USA	294 patients had mastectomy and	CPM vs. Non-CPM	Observational	Retrospective Case control	Level IV
2013		implant-based reconstruction with			Case Control	
		mean age of 48.4 yrs				

CPM= contralateral prophylactic mastectomies; DIEP= deep inferior epigastric perforator

SDC2-5 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>19.</sup> Kulkarni et	USA	2667 women aged 49,7 yrs old who	5 type of reconstruction	Observational	Prospective	Level IIA
al 2018	&Canada	had breast reconstruction	procedures	Observational	cohort	LOVOI III (
<sup>20.</sup> Liu et al	USA	74 women aged 49.1yrs underwent	Expander implant vs	Observational	Retrospective	Level IV
2014		immediate unilateral breast	microsurgical abdominal		case-	
		reconstruction	flap breast reconstruction		controlled	
<sup>21.</sup> Ludolph et	Germany	179 patients aged 56yrs who had	Reconstruction with DIEP	Observational	cross-sectional	Level III
al 2015		free autologous breast reconstruction	versus ms-TRAM flap		survey	
<sup>22.</sup> Macadam <sup>a</sup>	Canada	143 women aged 53.9 yrs who had	Silicone implant versus	Observational	cross-sectional	Level III
et al 2013		implant-based breast reconstruction	saline implant		survey	
<sup>23.</sup> Macadam <sup>b</sup>	Canada	128 patients aged 51.9 yrs who had	Shaped vs round silicone	Observational	cross-sectional	Level III
et al 2013		alloplastic breast reconstruction	gel implant	survey		
<sup>24.</sup> McCarthy et	USA	482 patients aged 52.5 yrs who had	Silicone implant versus	Observational	cross-sectional	Level III
al 2010	&Canada	implant-breast reconstruction	saline implant	survey		

DIEP= deep inferior epigastric perforator; ms-TRAM=Muscle-sparing transverse rectus abdominis myocutaneous

SDC2-6 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>25.</sup> McCarthy et	USA	308 women had mastectomy with or	Mastectomy alone versus	Observational	cross-sectional survey	Level III
al 2014		without breast reconstruction	immediate autogenous		currey	
		(61 yrs old mastectomy alone, 52 yrs	reconstruction or two-			
		old autogenous reconstruction, 50	stage tissue expander			
		yrs old Implant reconstruction)	/implant reconstruction			
<sup>26.</sup> Ng SK et al	Australia	143 women aged 54.5 ± 12.9 years	Mastectomy alone versus	Observational	cross-sectional	Level III
2016		who had therapeutic or prophylactic	immediate or delayed		survey	
		mastectomy	reconstruction			
<sup>27.</sup> Rosson et	USA	170 Woman aged 50.3 ±9.5	Immediate reconstruction	Observational	cross-sectional	Level III
al 2013		undergoing immediate or delayed	vs delayed vs major		survey	
		reconstruction or those who had	revision reconstruction			
		reconstruction before but need major				
		revisions				

SDC2-7 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>28.</sup> Simpson et	Canada	13 patients aged 50.8 yrs old	Immediate reconstruction	Observational	Retrospective Case control	Level IV
al 2014		undergoing breast reconstruction	vs delayed reconstruction		Case control	
<sup>29.</sup> Sinha et al	Australia	101 patients mean aged 47yrs who	Normal-weight versus	Observational	cross-sectional	Level III
2016		had autologous microsurgical free-	overweight versus obese		survey	
		flap breast reconstruction with an	patients			
		abdominal donor site				
30. Sisco et al	USA	214 women had mastectomy with or	Mastectomy alone versus	Observational	cross-sectional	Level III
2015		without reconstruction with mean age	mastectomy with breast		survey	
		of 60.5 yrs old.	reconstruction			
31. Song et al	USA &	950 patients underwent autologous	Older than 65 yrs versus	Observational	cross-sectional	Level III
2016	Canada	reconstruction with average age of	younger than 65yrs		survey	
		58.2 yrs				

SDC2-8 Characteristics of all 54 articles included in this review

Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
Ireland	30 women aged 43 ± 11 yrs who had	Pre-operation vs post	Observational	cross-sectional	Level III
	mastectomy and immediate	operation		Survey	
	reconstruction				
USA	268 patients had single-staged or	Single-staged implant vs	Observational	cross-sectional	Level III
	two-staged implant (aged 47.2± 10.3	two-staged implant based		survey	
	yrs and 47.6± 10.2 yrs respectively)	reconstruction			
USA	2,013 women aged 51.1yrs	7 types of reconstruction	Observational	prospective	Level IIB
&Canada	undergoing primary breast	procedures		cohort	
	reconstruction				
USA	254 patients had SSM aged 44.9±	NSM vs SSM	Observational	Retrospective	Level IV
	9.4 yrs and NSM aged 45.7 ± 7.9 yrs			conort	
USA	76 women underwent breast	HADM versus without	Interventional	prospective	Level IIA
	reconstruction	HADM		non-RCT	
	Ireland  USA  USA  USA	Ireland  30 women aged 43 ± 11 yrs who had mastectomy and immediate reconstruction  USA  268 patients had single-staged or two-staged implant (aged 47.2± 10.3 yrs and 47.6± 10.2 yrs respectively)  USA  2,013 women aged 51.1yrs  &Canada  undergoing primary breast reconstruction  USA  254 patients had SSM aged 44.9±  9.4 yrs and NSM aged 45.7 ± 7.9 yrs  USA  76 women underwent breast	Ireland 30 women aged 43 ± 11 yrs who had pre-operation vs post-mastectomy and immediate operation  USA 268 patients had single-staged or two-staged implant (aged 47.2± 10.3 two-staged implant based yrs and 47.6± 10.2 yrs respectively) reconstruction  USA 2,013 women aged 51.1yrs 7 types of reconstruction  &Canada undergoing primary breast procedures  reconstruction  USA 254 patients had SSM aged 44.9± NSM vs SSM  9.4 yrs and NSM aged 45.7 ± 7.9 yrs  USA 76 women underwent breast HADM versus without	Ireland 30 women aged 43 ± 11 yrs who had pre-operation vs post-operation was post-operation  The state of two-staged implant (aged 47.2± 10.3 two-staged implant based yrs and 47.6± 10.2 yrs respectively)  USA 2,013 women aged 51.1yrs 7 types of reconstruction  USA 2,013 women aged 51.1yrs 7 types of reconstruction  USA 2,013 women aged 51.1yrs 7 types of reconstruction  USA 2,013 women aged 51.1yrs 9 rocedures  The staged implant vs 2 observational procedures  The staged implant vs 2 observ	Ireland 30 women aged 43 ± 11 yrs who had mastectomy and immediate operation  USA 268 patients had single-staged or two-staged implant (aged 47.2± 10.3 two-staged implant based yrs and 47.6± 10.2 yrs respectively)  USA 2,013 women aged 51.1yrs 7 types of reconstruction  USA 2,013 women aged 51.1yrs 7 types of reconstruction  USA 254 patients had SSM aged 44.9± reconstruction  USA 254 patients had SSM aged 44.9± 9.4 yrs and NSM aged 45.7 ± 7.9 yrs  USA 76 women underwent breast HADM versus without Interventional prospective prospective interventional prospective prospective interventional prospective cohort

NSM=Nipple-sparing mastectomy; SSM=skin-sparing mastectomy

SDC2-9 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>37.</sup> Zhong et	Canada	106 women undergoing	Immediate autologous tissue	Observational	Prospective	Level IIA
al 2016		microsurgical	reconstruction vs delayed		cohort	
		autologous reconstruction	reconstruction			
<sup>38.</sup> Bailey et	USA	64 woman underwent	Nipple-sparing or non-nipple	Observational	Retrospective	Level IV
al 2017		mastectomy	sparing mastectomy		Case control	
<sup>39.</sup> Bennett	USA	2048 woman had breast	Fat grafting versus no fat	Observational	prospective	Level IIA
et al 2017	&Canada	mound reconstruction	grafting reconstruction		cohort	
<sup>40.</sup> Broecker	USA	87 high stage breast cancer	BCS alone vs BCS with	Observational	Retrospective	Level IV
et al 2017		patients underwent BCS	immediate oncoplastic		Case control	
			reduction			
<sup>41.</sup> Brown et	Australia	46 woman had AFG after	Reconstruction versus BCS	Observational	cross-sectional	Level III
al 2017		reconstruction or BCS			survey	
42. Chand	UK	155 breast cancer patients	Therapeutic mammoplasty	Observational	cross-sectional	Level III
et al 2017			versus LDI		survey	

AFG, Autologous fat grafting; BCS=Breast conservation surgery; DTI, Direct to implant; LDI LDI= latissimus dorsi implant

SDC2-10 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>43.</sup> Cogliandro <sup>a</sup> et	Italy	70 patients underwent breast	delayed lipolifiting versus	Observational	Retrospective	Level III
al 2017		reconstruction with or without	without lipolifting		cohort	
		delayed lipofilling				
44. Cogliandrob et	Italy	55 patients had monolateral	Crescent mastopexy versus	Observational	cross-sectional	Level III
al 2017		mastectomy with breast implant	other mastopexy technique		survey	
		and contralateral adjustment				
<sup>45.</sup> Cornelissen et	Netherland	32 patients underwent DIEP	With nerve coaptation	Observational	Retrospective	Level III
al 2017		breast reconstruction	versus without		cohort study	
46. Erdmann-	USA &	720 patients had abdominal-	4 types of autologous	Observational	Prospective	Level IIA
Sager et al 2017.	Canada	based-reconstruction	reconstruction procedures		cohort	
<sup>47</sup> .Ménez et al	France	123 women had autologous	DIEP versus LDI versus	Observational	cross-sectional	Level III
2017		breast reconstruction	ALD		survey	
<sup>48.</sup> Pusic et al	USA	1632 patients had immediate	implant versus autologous	Observational	Prospective	Level IIA
2017	&Canada	reconstruction	reconstruction		cohort	

ALD=Autologous latissimus dorsi; DIEP= deep inferior epigastric perforator; LDI= latissimus dorsi implant 10

SDC2-11 Characteristics of all 54 articles included in this review

Author	Country	Sample Details	Comparison	Role of investigator	Type of study	Quality Assessment
<sup>49.</sup> Pont et al	Italy	230 patients underwent	Adjuvant radiotherapy	Observational	Retrospective	Level III
2017		mastectomy with immediate	versus without radiotherapy		cohort	
		free flap reconstruction				
<sup>50.</sup> Qureshi et	USA	59 patients undergoing NSM	Direct-to-Implant versus	Observational	Retrospective	Level III
al 2017		procedures with immediate	Tissue Expander/Implant		cohort	
		breast reconstruction				
<sup>51.</sup> Sorkin et al	USA &	1297 women underwent	With acellular Dermal Matrix	Observational	Prospective	Level IIA
2018	Canada	immediate reconstruction with	versus without		cohort	
		tissue expander				
52. Srinivasa et	USA &	1427 women had immediate	Direct-to-Implant versus	Observational	Prospective	Level IIA
al 2017	Canada	reconstruction	Tissue Expander/Implant		cohort	
<sup>53.</sup> Thorarinsson	Sweden	459 patients had delayed	4 types of reconstruction	Observational	Retrospective	Level IV
et al .2017		breast reconstruction	procedures		cohort	
54. Yoon et al	USA	1957 patients breast	Immediate versus delayed	Observational	Prospective	Level IIA
2018	&Canada	reconstruction	reconstruction		cohort	

- 1. Albornoz CR, Matros E, McCarthy CM et al. Implant breast reconstruction and radiation: a multicentre analysis of long-term health-related quality of life and satisfaction. *Ann Surg Oncol* (2014) 21: 2159.
- Atisha DM, Rushing CN, Samsa GP et al. A national snapshot of satisfaction with breast cancer procedures. Ann Surg Oncol. 2015;22:361-9.
- Buchanan PJ, Abdulghani M, Waljee JF et al. An Analysis of the Decisions Made for Contralateral Prophylactic Mastectomy and Breast Reconstruction. *Plast Reconstr Surg.* 2016;138:29-40.
- 4. Bykowski MR, Emelife PI, Emelife NN et al. Nipple-areola complex reconstruction improves psychosocial and sexual well-being in women treated for breast cancer. *J Plast Reconstr Aesthetic Surg.* 2017;70:209-214.
- 5. Chao LF, Patel KM, Chen SC et al. Monitoring patient-centered outcomes through the progression of breast reconstruction: a multicentered prospective longitudinal evaluation. *Breast Cancer Res Treat.* 2014;146:299-308.
- 6. Davis GB, Lang JE, Peric M et al. .Breast Reconstruction Satisfaction Rates at a Large County Hospital. *Ann Plast Surg.* 2014;72 Suppl 1:S61-5.
- 7. de Blacam C., Healy C., Quinn L et al. Is satisfaction with surgeon a determining factor in patient reported outcomes in breast reconstruction? *Journal of Plastic, Reconstructive and Aesthetic Surgery,* 2016:69:9:1248-53.
- 8. Dieterich M, Angres J, Stachs A et al. Patient-Report Satisfaction and Health-Related Quality of Life in TiLOOP® Bra-Assisted or Implant-Based Breast Reconstruction Alone. Aesthetic Plastic Surgery 2015;39(4):523-533.

- 9. Duraes EFR, Durand P, Duraes LC et al. Comparison of preoperative quality of life in breast reconstruction, breast aesthetic and non-breast plastic surgery patients: A cross-sectional study. *Journal of Plastic, Reconstructive & Aesthetic Surgery: JPRAS* 2016;69(11):1478-85.
- 10. Eltahir Y, Werners LL, Dreise MM et al. Quality-of-life outcomes between mastectomy alone and breast reconstruction: comparison of patient-reported BREAST-Q and other health-related quality-of-life measures. *Plast Reconstr Surg.* 2013;132(2):201e-209e.
- 11. Goyal A, Wu JM, Chandran VP et al. Outcome after autologous dermal sling-assisted immediate breast reconstruction. *The British Journal of Surgery* 2011;98(9):1267-72.
- 12. Ho AL, Klassen AF, Cano S, Scott AM, Pusic AL. Optimizing patient-centered care in breast reconstruction: the importance of preoperative information and patient-physician communication. *Plast Reconstr Surg.* 2013;132(2):212e-220e.
- 13. Howes BHL, Watson DI, Xu C et al. Quality of life following total mastectomy with and without reconstruction versus breast-conserving surgery for breast cancer: A case-controlled cohort study. *Journal of Plastic, Reconstructive & Aesthetic Surgery: JPRAS* 2016;69(9):1184-91.
- 14. Hwang ES, Locklear TD, Rushing CN et al. Patient-Reported Outcomes After Choice for Contralateral Prophylactic Mastectomy. *Journal of Clinical Oncology* 2016;34(13):1518-27.
- 15. Inbal A, Gur E, Otremski E et al. Simultaneous contralateral breast adjustment in unilateral deep inferior epigastric perforator breast reconstruction. *J Reconstr Microsurg*. 2012;28(5):285-92.

- 16. Jeevan, R., Cromwell, D.A., Browne, J.P. et al, Findings of a national comparative audit of mastectomy and breast reconstruction surgery in England. *J Plast Reconstr Aesthet Surg.* 2014;67:1333–44.
- 17. Khavanin, Nima.; Clemens, Mark W. et al. Shaped versus Round Implants in Breast Reconstruction: A Multi-Institutional Comparison of Surgical and Patient-Reported Outcomes. *Plastic and Reconstructive Surgery:* 2017;139:1063–70.
- 18. Koslow S1, Pharmer LA, Scott AM et al. Long-term patient-reported satisfaction after contralateral prophylactic mastectomy and implant reconstruction. <u>Ann Surg Oncol.</u> 2013;20(11):3422-9
- 19. Kulkarni AR, Pusic AL, Hamill JB et al. Factors associated with acute postoperative pain following breast reconstruction.

  \*\*JPRAS Open 2017;11: 1-13.\*\*
- 20. Liu C, Zhuang Y, Momeni A et al. Quality of life and patient satisfaction after microsurgical abdominal flap versus staged expander/implant breast reconstruction: a critical study of unilateral immediate breast reconstruction using patient-reported outcomes instrument BREAST-Q. *Breast Cancer Res Treat.* 2014;146(1):117-26.
- 21. Ludolph I, Horch RE, Harlander M et al. Is there a Rationale for Autologous Breast Reconstruction in Older Patients? A Retrospective Single Center Analysis of Quality of life, Complications and Comorbidities after DIEP or ms-TRAM Flap Using the BREAST-Q. *Breast J.* 2015;21(6):588-95
- 22. Macadam<sup>a</sup> SA, Ho AL, Cook EF, Jr., Lennox PA, Pusic AL. Patient satisfaction and health-related quality of life following breast reconstruction: patient-reported outcomes among saline and silicone implant recipients. *Plast Reconstr Surg.* 2010;125(3):761-71.

- 23. Macadam SA, Ho AL, Lennox PA, Pusic AL. Patient-reported satisfaction and health-related quality of life following breast reconstruction: a comparison of shaped cohesive gel and round cohesive gel implant recipients. *Plast Reconstr Surg.* 2013;131(3):431-41.
- 24. McCarthy CM, Klassen AF, Cano SJ et al. Patient satisfaction with postmastectomy breast reconstruction: a comparison of saline and silicone implants. *Cancer.* 2010;116(24):5584-91.
- 25. McCarthy CM, Mehrara BJ, Long T et al. Chest and upper body morbidity following immediate postmastectomy breast reconstruction. *Ann Surg Oncol.* 2014;21(1):107-12..
- 26. Ng SK, Hare RM, Kuang RJ et al. Breast Reconstruction Post Mastectomy: Patient Satisfaction and Decision Making. *Ann Plast Surg.* 2016;76(6):640-4.
- 27. Rosson GD, Shridharani SM, Magarakis M et al. Quality of life before reconstructive breast surgery: A preoperative comparison of patients with immediate, delayed, and major revision reconstruction. *Microsurgery*. 2013;33(4):253-8.
- 28. Simpson JS., Baltzer H., McMillian CR et al. Multidisciplinary assessment for immediate breast reconstruction: A new approach. *Surgical Practice*, 2014;18: 111–16.
- 29. Sinha S, Ruskin O, D'Angelo A et al. Are overweight and obese patients who receive autologous free-flap breast reconstruction satisfied with their postoperative outcome? A single-centre study. *J Plast Reconstr Aesthet Surg.* 2016;69(1):30-6.
- 30. Sisco M, Johnson DB, Wang C et al.. The quality-of-life benefits of breast reconstruction do not diminish with age. *J Surg Oncol.* 2015;111(6):663-8.

- 31. Song D, Slater K, Papsdorf M et al. Autologous Breast Reconstruction in Women Older Than 65 Years Versus Women Younger Than 65 Years: A Multi-Center Analysis. *Ann Plast Surg.* 2016;76(2):155-63.
- 32. Sugrue R, MacGregor G, Sugrue M et al. An evaluation of patient reported outcomes following breast reconstruction utilizing BREAST-Q. *Breast.* 2013;22(2):158-61.
- 33. Susarla SM1, Ganske I, Helliwell L et al. Comparison of clinical outcomes and patient satisfaction in immediate single-stage versus two-stage implant-based breast reconstruction. *Plast Reconstr Surg.* 2015;135(1):1e-8e.
- 34. Wei CH, Scott AM, Price AN et al. Psychosocial and Sexual Well-Being Following Nipple-Sparing Mastectomy and Reconstruction. *The Breast Journal* 2016;22(1):10-17.
- 35. Weichman KE, Hamill JB, Kim HM, et al. Understanding the recovery phase of breast reconstructions: Patient-reported outcomes correlated to the type and timing of reconstruction. *J Plast Reconstr Aesthet Surg.* 2015;68(10):1370-8.
- 36. Wu C., Cipriano J., Osgood J. et al. "Human acellular dermal matrix (AlloDerm®) dimensional changes and stretching in tissue expander/implant breast reconstruction", *Journal of plastic, reconstructive & aesthetic surgery: JPRAS*, 2013; 66(10):1376-81.
- 37. Zhong T, Hu J, Bagher S et al. A Comparison of Psychological Response, Body Image, Sexuality, and Quality of Life between Immediate and Delayed Autologous Tissue Breast Reconstruction: A Prospective Long-Term Outcome Study. 

  Plastic and Reconstructive Surgery 2016;138(4):772-80.
- 38. Bailey CR, Ogbuagu O, Baltodano PA et al. Quality-of-Life Outcomes Improve with Nipple-Sparing Mastectomy and Breast Reconstruction. *Plast Reconstr Surg.* 2017;140(2):219-26.

- 39. Bennett KG, Qi J, Kim HM, Hamill JB, Wilkins EG, Mehrara BJ, Kozlow JH. Association of Fat Grafting With Patient-Reported Outcomes in Postmastectomy Breast Reconstruction. *JAMA Surg.* 2017;152(10):944-50.
- 40. Broecker JS, Hart AM, Styblo TM et al. Neoadjuvant Therapy Combined With Oncoplastic Reduction for High-Stage Breast Cancer Patients. *Ann Plast Surg.* 2017;78(6S Suppl 5):S258-S262.
- 41. Brown AWW, Kabir M, Sherman KA et al. Patient reported outcomes of autologous fat grafting after breast cancer surgery. *Breast.* 2017;35:14-20.
- 42. Chand ND, Browne V, Paramanathan N et al. Patient-Reported Outcomes Are Better after Oncoplastic Breast Conservation than after Mastectomy and Autologous Reconstruction. *Plast Reconstr Surg Glob Open.*2017;24;5(7):e1419.
- 43. Cogliandro A, Brunetti B, Barone M et al. Management of contralateral breast following mastectomy and breast reconstruction using a mirror adjustment with crescent mastopexy technique. *Breast Cancer.* 2018;25(1):94-99.
- 44. Cogliandro A, Barone M, Tenna S, Morelli Coppola M, Persichetti P. The Role of Lipofilling After Breast Reconstruction: Evaluation of Outcomes and Patient Satisfaction with BREAST-Q. *Aesthetic Plast Surg.* 2017;41(6):1325-31.
- 45. Cornelissen AJM, Beugels J, van Kuijk SMJ et al. Sensation of the autologous reconstructed breast improves quality of life: a pilot study. *Breast Cancer Res Treat.* 2017. Ahead of print
- 46. . Erdmann-Sager J, Wilkins EG, Pusic AL et al. Complications and Patient-Reported Outcomes after Abdominal-Based
  Breast Reconstruction: Results of the Mastectomy Reconstruction Outcomes Consortium (MROC) Study. *Plast Reconstr*Surg. 2017, Ahead of print

- 47. Ménez T, Michot A, Tamburino S et al. Multicenter evaluation of quality of life and patient satisfaction after breast reconstruction, a long-term retrospective study. *Ann Chir Plast Esthet*. 2017. Ahead of print
- 48. Pont LP, Marcelli S, Robustillo M et al. Immediate Breast Reconstruction with Abdominal Free Flap and Adjuvant Radiotherapy: Evaluation of Quality of Life and Outcomes. *Plast Reconstr Surg.* 2017;140(4):681-90.
- 49. Pusic AL, Matros E, Fine N et al. Patient-reported outcomes 1 year after immediate breast reconstruction: Results of the Mastectomy Reconstruction Outcomes Consortium study. *J Clin Oncol* . 2017, 1;35(22):2499-06.
- 50. Qureshi AA, Odom EB, Parikh RP et al. Patient-Reported Outcomes of Aesthetics and Satisfaction in Immediate Breast Reconstruction After Nipple-Sparing Mastectomy With Implants and Fat Grafting. *Aesthet Surg J.* 2017; 1;37(9):999-1008.
- 51. Sorkin M, Qi J, Kim HM et al. Acellular Dermal Matrix in Immediate Expander/Implant Breast Reconstruction: A Multicenter Assessment of Risks and Benefits. *Plast Reconstr Surg.* 2017;140(6):1091-1100.
- 52. Srinivasa DR, Garvey PB, Qi J, Hamill JB, Kim HM, Pusic AL, Kronowitz SJ, Wilkins EG, Butler CE, Clemens MW. Direct-to-Implant versus Two-Stage Tissue Expander/Implant Reconstruction: 2-Year Risks and Patient-Reported Outcomes from a Prospective, Multicenter Study. *Plast Reconstr Surg.* 2017;140(5):869-877.
- 53. Thorarinsson A, Fröjd V, Kölby L et al. Long-Term Health-Related Quality of Life after Breast Reconstruction: Comparing 4 Different Methods of Reconstruction. *Plast Reconstr Surg Glob Open.* 2017;5(6):e1316.
- 54. Yoon AP, Qi J, Brown DL et al. Outcomes of immediate versus delayed breast reconstruction: Results of a multicenter prospective study. *Breast.* 2018;37:72-79.