* 1. In the last 12 months, have you performed a breast reconstruction of any kind?
   ○ Yes  ○ No

* 2. In the last 12 months, approximately how many breast reconstructions of any kind have you performed?

[Blank]

* 3. Prepectoral breast reconstruction is defined for this study as a procedure where the implant is placed over the muscle, rather than under it.

   Have you ever performed a prepectoral breast reconstruction?
   ○ Yes  ○ No

* 4. In the past 12 months, about how many of the breast reconstructions you have performed have been implant-based breast reconstructions as opposed to autologous breast reconstructions?
   ○ All  ○ A few
   ○ Most  ○ None
   ○ Some
5. In the past 12 months, about how many of the implant-based breast reconstructions you have performed have been prepectoral breast reconstructions.

- All
- Most
- Some
- A few
- I have only recently started performing prepectoral breast reconstruction
- None

6. How much does each of the following factor into your choice to perform a prepectoral breast reconstruction as opposed to a submuscular breast reconstruction?

| Factor                                                                 | Not a factor | Slightly a factor | Somewhat of a factor | An important factor | An extremely important factor |
|------------------------------------------------------------------------|--------------|-------------------|----------------------|--------------------|------------------------------|
| Prepectoral breast reconstruction is associated with less pain         | ☐            | ☐                 | ☐                    | ☐                  | ☐                            |
| Prepectoral breast reconstruction is associated with less chronic pain | ☐            | ☐                 | ☐                    | ☐                  | ☐                            |
| Prepectoral breast reconstruction is associated with less animation   | ☐            | ☐                 | ☐                    | ☐                  | ☐                            |
| Prepectoral breast reconstruction produces improved cosmetic outcomes  | ☐            | ☐                 | ☐                    | ☐                  | ☐                            |
| Prepectoral breast reconstruction allows for easier control of the    | ☐            | ☐                 | ☐                    | ☐                  | ☐                            |
| shape of the breast.                                                   |              |                   |                      |                    |                              |
7. If there are reasons that you perform prepectoral breast reconstruction that have not been discussed above, please tell us:



8. In the past 12 months, what type of mesh have you used most often to cover the expander or implant when performing prepectoral breast reconstruction?

- Acellular human dermal matrix
- Acellular bovine or porcine dermal matrix
- Some other mesh (please tell us)
- Absorbable synthetic mesh
- Permanent synthetic mesh
- Permanent synthetic mesh

9. In the past 12 months, when you performed prepectoral breast reconstructions, how often did you perform direct to implant (DTI), or two stage expander-implant reconstructions?

- Always performed DTI
- Mostly performed DTI
- Performed both
- Mostly performed 2 stage
- Always performed 2 stage

10. Currently, do you prefer different styles or types of expanders and implants when performing prepectoral compared to submuscular breast reconstruction?

- No
- Yes (please explain)
* 11. Overall, in prepectoral breast reconstruction, how concerned are you about each of the following?

| Concern                                                                 | Not at all | Slightly | Somewhat | Very   | Extremely |
|------------------------------------------------------------------------|------------|----------|----------|--------|-----------|
| The lack of long term data available regarding prepectoral breast reconstruction? | ○          | ○        | ○        | ○      | ○         |
| The procedure hiding cancer recurrence in the muscle?                  | ○          | ○        | ○        | ○      | ○         |
| The procedure causing changes in the radiation field?                  | ○          | ○        | ○        | ○      | ○         |
| The procedure increasing the duration of surgical drain placement?     | ○          | ○        | ○        | ○      | ○         |
| Increased costs for this procedure over other forms of reconstruction? | ○          | ○        | ○        | ○      | ○         |
| Increased potential for wound healing complications after this procedure? | ○          | ○        | ○        | ○      | ○         |
| Increased rippling?                                                     | ○          | ○        | ○        | ○      | ○         |

12. If you have other concerns with performing prepectoral breast reconstruction that have not been discussed above, please tell us:

[Blank line]

13. If you have any further comments that you would like to share about your experience with prepectoral breast reconstruction, please tell us:

[Blank line]
**14. How many years have you been in practice?**
- Less than 5
- 5 - 9
- 10 - 14
- 15 - 19
- 20 - 24
- 25 years or more

**15. Which best describes your practice type?**
- Solo practice
- Solo practice-shared facility
- Small plastic surgery group practice (2-5 plastic surgeons)
- Large plastic surgery group practice (6 or more plastic surgeons)
- Medium multi-specialty group practice (6-20 physicians)
- Large multi-specialty group practice (more than 20 physicians)
- Academic practice
- Academic Practice (salaried with private practice)
- Military
- Employed physician

**16. Please indicate which of the following best describes how you practice in terms of TIME spent:**
- 100% Reconstructive
- Approximately 25% Cosmetic and 75% Reconstructive
- Approximately 50% Cosmetic and 50% Reconstructive
- Approximately 75% Cosmetic and 25% Reconstructive
- 100% Cosmetic