Supplemental Digital Content 1.

**Implant Type: Silicone vs. Saline**

There were no statistically significant differences in age, race, and implant location (subglandular or submuscular) when analyzed by implant type. Age of implant was significantly longer in the silicone group than the saline group (17.1 years vs. 9.4 years, p=0.018). Mean primary tumor size was comparable in the silicone group and the saline group, 1.52 cm vs. 1.30 cm, respectively (p=0.810). There were no significant differences observed in type of implant and TNM characteristics or staging (Table 4). Nodal status was similar in both groups. The rate of extensive intraductal component (EIC) was higher in the silicone group. The rate of ductal carcinoma in situ (DCIS) was higher in the saline group, but invasive lobular carcinoma (ILC) was only observed in the silicone group. Estrogen and progesterone receptor status was comparable in the both groups, however Her-2/neu status was only positive in the silicone group. Patients with BRCA-1/2 mutations were only observed in the silicone group (p=0.190), and 62.5% of patients were not tested in the saline group (Table 4).

The most common presentation of breast cancer was by palpation of a mass in the silicone cohort of patients and by mammogram in the saline cohort, 55.6% and 58.8%, respectively (p=0.143). Although screening mammography failed to detect 23.1% of lesions in the silicone group versus 18.8% in the saline group (p=0.740), BI-RADS score and modality of biopsy were comparable in silicone and saline groups (Table 4).

Breast cancer treatment did not significantly differ between groups. Rates of neoadjuvant therapy were 18.5% and 17.7% in the silicone and saline cohorts, respectively. Patients with saline implants had a higher mastectomy rate of 82.4% vs. 66.7% in patients with silicone implants. Patients with silicone implants had a breast conservation rate of 29.6% compared to
17.7% in the saline cohort. No statistical significance was reached regarding treatment differences between both cohorts (Table 5).

Data reporting of implant fill volumes, implant brand, and texture profiles was incomplete and precluded an analysis.