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Kiely, JR and Wade, RG orcid.org/0000-0001-8365-6547 (2021) Response to: Preoperative perforator mapping: Accuracy, bias, concordance and the devil. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 74 (10). pp. 2776-2820. ISSN 1748-6815

<https://doi.org/10.1016/j.bjps.2021.05.058>

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Response to: Preoperative perforator mapping: accuracy, bias, concordance and the devil

Dear Sir,

We thank the authors for their interest in our paper, and regret failing to include their well-formulated and written article in our review¹⁻³. Surprisingly their article was not captured in our original searches, rather than being excluded later in abstract or article screening.

It is not entirely clear why our search failed to capture this manuscript and having re-run the searches with further advice from information specialists, we can confirm that this article still does not appear. Glandular Surgery is indexed in the databases we searched and the terms we used should have captured both the keywords used, as well as compatible text within the title and abstract. Although there are discrepancies in the spelling of the word mammoplasty (Glandular Surgery assigned the keyword “mammoplasty” whilst our strategy used “mammoplasty”, which we could have anticipated and ameliorated with the term “mamm#plasty”); however, altering this term still does not capture the article. In addition, their keywords do not include ‘Breast Reconstruction’ or ‘DIEP/Deep Inferior Epigastric Perforator’, which might have aided capture. This illustrates the importance of keywords when publishing within the rapidly expanding scientific literature, and standardisation of spellings/terms given their impact on search engine retrieval⁴. Furthermore, this article does not appear in the reference lists of the included articles so backward citation chasing did not identify it either.

However, since the publication of our review, an automated reference capture tool called CitationChaser has been released. This tool might have captured the article based on forward citation chasing and we commend this tool to readers who perform evidence synthesis⁵.

While systematic review aims to capture the relevant literature, in practice even the most rigorous methods may still fail to capture relevant works. None-the-less, we are delighted that Boer and colleagues brought this omission to our attention and equally, we are pleased to re-do our meta-analysis with the benefit of their article (Figure 1). Based on the updated synthesis, we can confirm that the addition of their valuable work does not change our conclusion.

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