Author's response to reviews

Title: Sentinel lymph node biopsy is unsuitable for routine practice in young female patients with unilateral low-risk papillary thyroid carcinoma

Authors:

Li wei Wu (weili5566@sina.com)
Ou Huang (ou_huang@medmail.com.cn)

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Author's response to reviews: see over
To Pieter Raijmakers:

1. Is this a population of consecutive female patients?
   To: Yes.

2. Pre-operative ultrasound screening has a limited sensitivity, how many patients had a multifocal papillary thyroid carcinoma?
   To: That is a good question! We rarely found multifocal papillary thyroid carcinoma in my study. There may be several reasons for this phenomenon: firstly, the difference between Chinese population and European population, without any data. The pathologists in our hospital usually pay more attention to palpable lesions, may omit some invisible lesions. Secondly, the high resolution (1-2 mm) of ultrasound excludes multifocal patients.

3. The injection procedure remains unclear to me.
   To: see photo.

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The dose of the 99mTc colloid is 20 mCi.

4. Whether all participating surgeons had specific experience.
   To: yes. Thank you very much. I have added that information in the article.

5. The FNR calculation needs clarification and should be performed according to general guidelines.
   To: yes, we have done it according to general guideline.

6. Authors should clarify the histological analysis of the SN.
   To: Yes. Immunohistological analysis may be the good way to decrease the high FNR. We will adopt your suggestion in my next clinical trial. I added this limitation in my discussion.

7. The authors should clarify the specific research question.
To: Thanks. I have done according to your suggestion.

8 The title of the article does not include the study design.
To: I have changed the title according to your advice. Thank you very much.

9 The significantly higher SN identification rate for the combined technique vs the single agent is not mentioned in the conclusion (abstract)
To: I have added it according to your suggestion. Thank you very much.