Author's response to reviews

Title: A case of thyroid metastasis from pancreatic cancer: case report and literature review

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Author's response to reviews: see over
To: Giorgio Arnaldi  
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Editors of BMC Endocrine Disorders  

Dear Editors,  

Please find attached the revised version of the manuscript entitled “A case of thyroid metastasis from pancreatic carcinoma: case report and review of the literature”.  

We wish to thank the Reviewers for their constructive comments. We have carefully considered the comments, and modified the manuscript accordingly (in red in the text). We renumbered figures order: figure 1 is now figure 2, and figure 2 is now figure 1.  

To Reviewer 1, Nigel Glynn  

Major compulsory revisions:  
  1) “Could the authors estimate what percentage of malignant neoplasm present as a secondary tumour in the thyroid? Similarly, what percentage of thyroid biopsies are reported as secondary neoplasms? This will help to emphasise the novelty of the case.”  

Comment: The percentage of malignant neoplasm present as a secondary tumor in the thyroid ranged from 1.4% to 3.0% (see Background section, page 3, line 5).  

It is hard to estimate the percentage of secondary neoplasm because it is not routinely used as first approach. As stated in our article, we described for the first time the use of core biopsy as method for the diagnosis of the primary neoplasm. Moreover, the distinction between primary versus secondary thyroid neoplasm using fine needle aspiration cytology is not always possible (Heffess CS, Wenig BM, Thompson LD. Metastatic renal cell carcinoma to the thyroid gland.

2) “The author refer to a wide prevalence of thyroid metastasis from autopsy studies 1.9 – 24%. They should discuss why the range is so wide. In contemporary medicine it is more common to diagnose thyroid metastasis as an incidental discovery on imaging studies eg PET/CT scan. Could the authors discuss the literature in this area?”

Comment: We added a comment to the wide prevalence of thyroid metastasis from autopsy studies (see page 5, lines 9-11). In our opinion, even if modern medicine with new imaging technique may help to diagnose thyroid metastasis, their prevalence would be in any case lower than that from autopsy studies. This may be explained by the evidence of micrometastases in most cases, not identified with imaging studies. However, the use of PET, CT or MR may certainly help to diagnose metastasis during follow up period.

3) “The clinical relevance of thyroid metastasis should be discussed in greater detail. Are they universally associated with euthyroidism or can they destroy the thyroid and result in destructive thyroiditis or hypothyroidism? Are they of any particular prognostic relevance?”

Comment: We added a more detailed comment to the thyroidal status, as suggested (see page 6, lines 6-9).

Minor essential revisions:
1) “Case report section: T4, T3 and Calcitonin values should be included in the manuscript. Which thyroid antibodies were measured?”

Comment: We included freeT4, freeT3, and calcitonin values (with reference range). We included antibody against thyroperoxidase and against thyroglobulin blood levels (see page 3, lines 19-22).

2) “Case report section: A more detailed description of the ultrasound findings would augment this section.”

Comment: We detailed the description of the ultrasound finding (see page 4, lines 1-6).

3) “The section entitled Conclusion should be renamed Discussion and a separate one or two line Conclusion could be inserted after this if required.”

Comment: In the “Instruction to authors” it is clearly indicated to divide the manuscript into
three sections (Background, Case presentation, Conclusions). However, we divided the section “Conclusions” into two different subsections, “Discussion” and “Conclusions”, as already done by other authors who recently published in this journal.

**Minor issues not for publication:**
We agree with all the remarks.

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**To Reviewer 2, Tommy Kyaw-Tun**

**Reviewer's report:**

**Major Compulsory Revisions**

We apologize for the absence of page numbers in the final draft.

We agree with almost all the remarks made by Reviewer 2, Dr. Tommy Kyaw-Tun. In particular:

1) **“Conclusions - should this be Discussions?”**
   **Comment:** See previous comment n° 3 to Reviewer 1 (Nigel Glynn).

2) **Rephrase this sentence? The patient referred to the oncology unit for palliative treatment died two months later.”**
   **Comment:** We rephrased the sentence (see page 4, line 23).

3) **“previous cases of pancreas carcinoma metastatic to the thyroid... consider rephrasing”**
   **Comment:** We rephrased the sentence (see page 5, line 17).

4) **“last paragraph of that page. what happened to the patient in the second case report?”**
   **Comment:** We added more details to better describe the case (see page 6, lines 1-2).

5) **“Please rephrase the second sentence - Moreover in this case... the aspect of an ultrasound contrast agent. it is not clear what the authors mean.”**
   **Comment:** We rephrased the sentence (see page 7, lines 1-2).

6) **“please quote thyrotropin level - and can the authors make a comment about the"**
usefulness of pre-operative / pre-RAI thyrotropin levels?"

Comment: In the original manuscript thyrotropin level was already reported (see page 3, line 19). Moreover, in the revisited manuscript we added free triiodothyronine and free thyroxine absolute value, and their reference range, as suggested by Reviewer n° 1 (Nigel Glynn).
We made no comments since we believe they are not necessary, given the target of the Journal (Endocrinologists).

7)“2nd last paragraph of that page - Interestingly, this patients had a transient ... this patient had a transient... (did this patient also have hypothyroidism post transient thyrotoxicosis?)”
Comment: This is not actually related to our patient. We were describing the case report by Eriksson et al. (see reference n° 7).

To Reviewer 3, Diarmuid Smith
We agree with all the remarks made by Reviewer 3, Dr. Diarmuid Smith.

1)“The line starting "Subsequently, he was admitted...." should be rewritten, the English is poor.”
Comment: We rephrased the sentence (see page 3, line 23).

2)“The line starting "He repeated a neck....." should be rewritten again the English is poor.”
Comment: We rephrased the sentence (see page 3, line 23).

3)“The line starting "Additonal altered laboratory data...." should be rewritten and made more concise, all of the liver bloods do not need to be given, a synopsis would be fine for example " the liver bloods were consistent with biliary obstruction”. “
Comment: We rephrased the sentence (see page 4, lines 16-17).

4)“The author in a line says "Percutaneous biopsy of the gland excluded the presence of thyroiditis and demonstrated the presence of cell type of carcinoma". I am not sure what this means, what is cell type of carcinoma, please correct. “
Comment: We rephrased the sentence (see page 5, lines 21-22).

5)“Figure 1 section - Change to Panel B and C”
Comment: We don’t understand exactly the comment of the reviewer and in particular what
does it means to change to Panel B and C. Nevertheless this comment we improved the caption of the figure, now renamed “Figure 2”.

Thanks you very much for your interest in our work

Sincerely yours
Alessandro P. Delitala MD