Reviewer's report

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

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Reviewer: Nigel Glynn

Reviewer's report:

I was pleased to review this manuscript in which the authors report the rare case of a 63 year old man who was discovered to have metastatic cancer when he presented with a secondary thyroid neoplasm. Unusually, the primary tumour was in the pancreas which does not typically spread to the head and neck. Apparently, this is only the third such case in the medical literature.

The main merits of this paper are the detailed description of the case which is very well supported by numerous excellent clinical pictures including radiographic images and photomicrographs. The main novel aspect of this case is that the authors believe this to be the first case in which pancreatic cancer presented a second thyroid neoplasm.

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.

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?

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?

Minor essential revisions:

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

2. Case report section: A more detailed description of the ultrasound findings would augment this section.
3. The section entitled Conclusion should be renamed Discussion and a separate one or two line Conclusion could be inserted after this if required.

Minor issues not for publication:
1. Case report section, first paragraph: “profound fatigue and cervical lymphadenopathies” should read “profound fatigue and cervical lymphadenopathy”

2. Case report section, first paragraph, line commencing “Subsequently, he was admitted” – “He repeated a neck US…” should read “Neck US was repeated…”

3. Conclusion section: “The thyroid gland is believed to be rarely a site of metastatic disease” should read “The thyroid gland is believed to a rare site of…”

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests