Author's response to reviews

Title: Cost-effectiveness comparison between palpation- and ultrasound-guided thyroid fine-needle aspiration biopsies

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Ahmet Selçuk Can

Dear Editor:

The manuscript has been revised. (#3). The response to reviewers is given below.

Yours sincerely,

Signed by: Ahmet Selçuk Can

Response to reviewer-1 (YoungKee Shong, Version #3 Date of reviewer’s report: 19 January 2009):

I thank to Reviewer-1. There is no criticism and there is nothing to response.

Response to reviewer-2 (Mustafa Cesur):

No change was requested.

Response to reviewer-3 (Carlo Capelli, Version #3, Date of reviewer’s report: 4 February 2009):

I thank to Reviewer-3. He has touched upon an important point. Reviewer-3 asks for a RET screening. That was not done at the time of the diagnosis of the medullary thyroid cancers when the study was performed. RET screening is not available in my hospital and also is not widely available in Turkey. In any case, it was ordered. As outlined in the following paragraph, there were three patients with four nodules who had medullary thyroid cancer. The reported results are for per nodule, not for per patient. RET screening was refused by one subject, the other subject could not be reached, the RET analysis was accepted and the
sample was obtained in the third subject in March 2009. The result will be available in September 2009. The Turkish Endocrinology and Metabolism Society have a genetic laboratory to perform RET analysis free of charge. I confirmed that subjects with medullary thyroid cancer in this study were not from the same family. They may have other relatives who may have medullary cancer in their family if indeed they had familial medullary thyroid cancer not sporadic. But I believe this issue is not related to the aim of this study. The aim of this study is not to report the prevalence of the types of medullary thyroid cancer in Turkey. The aim of this study is to compare cost-effectiveness between palpation- and ultrasound-guided thyroid FNAs. The assignment to palpation-versus ultrasound-guided FNA groups was made at the time of FNA. The diagnosis of medullary thyroid cancer was made after the subjects had a FNA and thereafter surgery. We did not know who had medullary thyroid cancer when we assigned subjects to palpation- versus ultrasound-guided FNA groups. Therefore, the assignment of palpation- versus ultrasound-guided thyroid FNA groups was not affected from the presence or absence of the medullary thyroid cancer. The subjects were not from the same family. The selection of subjects to P-FNA versus USG-FNA was not dependent on the presence of medullary thyroid cancer and there was no bias from that aspect. The following paragraph was added to page 13, limitations of the study section:

“There were four nodules with medullary thyroid cancer from three patients in the USG-FNA group. A genetic RET screening was requested. It was refused by one subject, the other subject was lost to follow-up and the RET analysis is pending in the third subject. The medullary thyroid cancer patients were not from the same family. A single familial cluster of medullary thyroid cancer was not present. The assignment to P-FNA or USG-FNA groups was not affected by the presence of medullary thyroid cancer and there was no bias in the study from that aspect.”