Reviewer’s report

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

Version: 1 Date: 15 November 2008

Reviewer: Mustafa Cesur

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Major Compulsory Revision

1) The author writes “Cesur et al. reported that USG-FNA is €13 expensive than P-FNA [5]. Their cost calculation method included the costs of initial P- versus USG-FNA and repeat USG-FNA for initial inadequate FNAs, but not the cost of surgery after two consecutive inadequate FNAs, a deficiency of that study.” This information is wrong for Cesur’s study, because P-FNA and USG-FNA had been performed at the same nodul, first P-FNA then USG-FNA in the same section, same visit. This kind of cost comparison which includes the cost of surgery may not view the real cost for this study. The author should decline the phrase at least for Cesur’s study.

Minor Essential Revisions

1) Response to the 3rd question: the explanation of the author isn’t a satisfactory explanation, but I don’t have further comment.

2) Response to the 5th question: I’m not unanimous with the author, because there are some rules to choose the type of FNAB, in meaning palpation guided or ultrasound guided. There is a view that ultrasound-guided procedure is preferable in the presence of nonpalpable nodules, multinodular thyroid gland, cystic nodules and inadequate material obtained by PGFNAB. The author should define the choise method and should declare in the text. It is not enough to say “I’m endocrinologist, I prefer the method whatever I want”. The choice always should be in a rule, even if this is a study or not. Moreover technical deficiency is an acceptable reason for performing only PGFNAB.

3) Response to the 6th question: “22 gauge needle is long, 26 gauge needle is short. If the nodule is located anteriorly or in the isthmus a 26 G needle, if posteriorly a 22 G needle was used.” To put this explanation into the text is better I think.

4) Response to the 13th question: Inadequate cytology results in P-FNA and USG-FNA are 42% and 29% respectively and relatively high. However the study had performed mostly in small nodules (mean diameter <1.3m) and widely the reason of high inadequate citology rate is working on small nodules. If the author points out this in the text, especially with the citation of Mehrotra’s study, the reliability of the study will increase.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

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