Author’s response to reviews

Title: Identifying risk factors for metastasis to the level VII lymph node in papillary thyroid carcinoma patients

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Dear Reviewer and Editors,

Thanks very much for your comments. We appreciate your suggestions and revised the conclusions. We have responded all attached comments point-by-point and resubmitted our paper.

Answers to Reviewer’s questions were as follows:

--The authors have demonstrated that they are able to do Level VII LN dissection very nicely. However, the ability to do it does not mean that one can conclude that it should be done. The authors clearly recommend that Level VII LN dissection should be done and provide no data that support better outcomes as a result of level VII LN dissection. It is well known Level VI LN metastases can be found in up to 50% of patients with PTC and yet studies have not demonstrated definitively that routine Level VI dissection leads to reduced recurrence or better survival. So, the conclusions must be modified or additional data accumulated documenting a recurrence or survival advantage for the addition of a Level VII dissection to routine surgery for PTC.

---The comments and suggestions are extremely valuable. As you mentioned, the indication and prognostic value of prophylactic CLND are still controversial and yet studies have not demonstrated definitively that routine Level VI dissection leads to the better outcome. Given the relatively lower frequency of Level VII LNM, it would be more controversial to discuss the value of Level VII LN dissection. So, we modify the conclusion and will continue the research for prognostic significance of Level VII LN dissection through long-term surveillance.