Author’s response to reviews

Title: Elastography for the Diagnosis of High-Suspicion Thyroid Nodules Based on the 2015 American Thyroid Association Guidelines: A Multicenter Study

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Author’s response to reviews:

1. As in some case oral consent was obtained from participants, please explicitly state if the method of consent was approved by the ethics committees. Please state this information in the "Ethics approval and consent for participation" section.

   We apologize for the vague description. In fact, all patients signed informed consent forms before FNAB or thyroidectomy. Those without informed consent were excluded in the final analysis. This sentence was changed to: Informed consent was obtained from all patients (Page 5, line 26).

2. If this manuscript does not contain the individually identifiable information of the participants in this study, please amend the writing in the "Consent for publication" section to "Not applicable".

   Thanks for your suggestion, Not applicable was amended in the manuscript(Page 15, line 1)

3. We note that the current submission contains some textual overlap with other previously published works, in particular: Page 5 lines 17-20, page 10 lines 28-30:

   We thank the editor for the careful work. Changes were made according to your suggestion, it now reads:

   The inclusion criteria were solid hypoechoic nodules with at least one of the following features: irregular margins, microcalcifications, taller than wide, extrusive hypoechoic soft tissue surrounded disrupted rim calcifications, and extrathyroidal extension (ETE)[3](Page 5, lines 16-19).

   Conventional US malignant characteristics, including microcalcifications, hypoechogenicity, irregular margins, and taller than wide were significantly different between malignant and benign nodules in this study (Page 10, lines 25-27).

   I have re-phrased the Methods section and changed what is overlapped with previously published work. It now reads:

   Even strain of the entire hypoechoic lesion was indicated as score 1 (Figure 2a). Strain in most of the hypoechoic lesion, with certain areas of no strain was indicated as score 2(Figure 2b). Strain at the periphery of the hypoechoic lesion and no strain at the center of the lesion was indicated as score 3(Figure 2c). No strain at the entire hypoechoic lesion was indicated as score 4(Figure 2d). No strain at the entire hypoechoic lesion and surrounding area was indicated as score 5(Figure 2e).(Page 6, line 19-25)
Benign nodules confirmed by FNA were followed up for 6-12 months and without lesion growth (less than 20% increase in diameter). Two experienced pathologists at each center with at least 5 years of working experience blinded to the US and USE results performed the cytology and histology. (Page 7, line 7-11)

A t test was used to analyze measurement. The counting data are presented as cases (percentages), and analyzed by chi-square test. Logistic regression analysis was used for risk factor analysis of both benign and malignant nodules. ROC curves and AUC values were used to examine the diagnostic efficiency of each index. A p<0.05 on both sides was considered statistically significant. (Page 7, line 13-18)