Author’s response to reviews

Title: A rare case of poorly differentiated thyroid carcinoma probably arising from a nodular goiter

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Author’s response to reviews:

Thank you very much for the review of our manuscript, entitled “A rare case of poorly differentiated thyroid carcinoma probably arising from a nodular goiter”. The comments of the reviewers were greatly appreciated, and were very helpful in the revision of the manuscript. We believe we have addressed all constructive criticisms as outlined below, and wish to now resubmit the manuscript.

The following is a summary of the changes made to the manuscript:

(1) A comment concerning scanning by fluorodeoxyglucose – positron emission tomography (FDG-PET) was added to the Case presentation.

(2) A comment about radioactive iodine therapy (RAI) and radiation therapy was added to the Case presentation.

(3) Detailed information about the molecular studies undertaken was added to the Case presentation.

(4) A comment about the proportion of PDTC areas observed was added to the Case presentation.
(5) Comments regarding the differential diagnosis of a multinodular subtype of follicular variant of a papillary carcinoma, and the likelihood the adenomatous nodule was being invaded by a PDTC, were added to the Discussion and Conclusion.

(6) Comments regarding the epidemiological problem between PDTC and gastric adenocarcinoma were added to the Background, and Discussion and Conclusions.

(7) The cytology image of a fine-needle aspiration biopsy was added as Figure 1.

(8) Because of the addition of a new Figure 1, previous Figures 1, 2, 3, 4, and 5 are now relabeled as Figures 2, 3, 4, 5, and 6, respectively.

(9) In Figure 2, PDTC (dots) and nodular goiter areas (arrowheads) have been outlined.

Our responses to individual reviewers follow on separate pages.

Sincerely,

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Responses to Reviewers

Reviewer 1 (Dr. Catarina Eloy):

(1) We discussed the epidemiological problem between PDTC and gastric adenocarcinoma in the Background, and Discussion and Conclusions.

(2) In response to your suggestion, we have added detailed information concerning molecular studies to the Case presentation.

(3) As per your suggestion, PDTC (dots) and nodular goiter areas (arrowheads) have been outlined in Figure 2.

(4) An image of the cytology of a fine-needle aspiration biopsy has been added as Figure 1.

(5) A discussion with regard to a differential diagnosis with the multinodular subtype of the follicular variant of a papillary carcinoma has been included in the Discussion and Conclusions.
(6) In response to your query, we postulated that the adenomatous nodule was being invaded by a PDTC as outlined in the Discussion and Conclusions.

Reviewer 2 (Dr. Chan Kwon Jung):

(1) In accordance with your request, a comment regarding the proportion of PDTC area has been included in the Case presentation.

(2) A comment about FDG-PET scanning has been added to the Case presentation.

(3) A discussion on radioactive iodine therapy (RAI) and radiation therapy have been included in the Case presentation.

(4) In response to your suggestion, PDTC (dots) and nodular goiter areas (arrowheads) are indicated in Figure 2 (previously Figure 1).