Author's response to reviews

Title: A rare case of isolated thyroid metastasis revealing an unknown lung adenocarcinoma

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Author's response to reviews: see over
Dear editor,

I hope my email finds you well. I would like to sincerely thank you for dedicating some of your precious time to review my manuscript and offering valuable suggestions.

As to your purpose to improve the discussion, I think that there has been some misunderstanding as I did not only change the title but also the discussion as required.

Here are point by point my comments about how discussion was changed:

**Regarding epidemiology:**

I changed this paragraph *Primary renal clear cell carcinomas along with breast carcinoma are the most commonly reported to be associated with thyroid metastases [2–4,7]*, into this one giving more detailed information about primary cancers resulting in thyroid metastases: Incidence of thyroid metastases in patients with a known malignancy varied in large autopsy series from 1.9 to 24%[18-21]. In these series, cancers of the breast, lung and malignant melanoma were the most frequent malignancies to metastasize to the thyroid, with the metastases being clinically occult. The site of origin of clinically significant thyroid metastases appears to be different. In fact, many clinical series have shown that renal cell carcinoma is the most common primary tumor causing symptomatic thyroid metastases, followed by breast and lung [22-26].

**Concerning diagnosis modalities:**

FNA with ultrasound guidance is a rapid, minimally invasive, and inexpensive technique for the diagnosis of metastatic lung cancer in the thyroid gland [20]. However, FNA by itself may not be contributory to the diagnosis as it may contain insufficient tumor cells to make the cell block used for immunostains, into this one giving more detailed information about FNA explaining its findings in this specific situation:

FNA with ultrasound guidance is a rapid, minimally invasive, and inexpensive technique with a high predictive negative value [28]. In the metastatic setting, there is abundant cellularity and the cells may be typical of the original site, especially when specific immunohistochemical stains are performed. Negative staining with anti-thyroglobulin and anti-calcitonin antibodies would favour a metastatic tumor. However, FNA may not be contributory to the diagnosis as it may contain insufficient tumor cells to make the cell block used for immunostains. Diagnostic re-evaluation of the primary tumor and search for other metastatic sites is necessary.

**Concerning treatment modalities:**

I reviewed the literature and found that surgical treatment is controversial, and surgery is not indicated in all cases. In fact, some authors did not find the survival benefit that I have reported earlier; therefore some surgical teams suggested some specific indications for surgical treatment. Indications are cited in the paragraph bellow.

Papi et al. [27], in their report suggested that the good indication of thyroidectomy for MTG is limited to patients whose metastases is limited only to the thyroid from the viewpoint of preventing further dissemination of the primary tumor.
Finally, I would like to state that I have changed the title because the main importance of my case report is about its rarity.

Thank you again.

Sincerely yours.

Dr Jihane KHALIL.

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