Author’s response to reviews

Title: Breast cancer metastases to the thyroid gland - An uncommon sentinel for diffuse metastatic disease: A case report and literature review.

Authors:

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Author’s response to reviews:

Reviewer reports:

Reviewer #1: 1. Do you believe the case report is authentic?

Yes/No

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments:

No concerns
3. Does the Introduction explain the relevance of the case to the medical literature?
Yes/No
Yes

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity)
   - Main symptoms of the patient
   - Medical, family and psychosocial history
   - Relevant past interventions and their outcomes

   all above - Yes

b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments:
all above mentioned points covered satisfactorily
5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments:

well balanced

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes/No

Yes

7. Is the Abstract representative of the case presented?

Comments:

yes

8. Does the case represent a useful contribution to the medical literature?

Comments:

yes

9. Additional comments for the author(s)?

Dear Author's

Many thanks for your hard and at the same satisfactory work in revising the manuscript and for taking into consideration our humble suggestions.
However, I would like to ask few questions that are bothering me.

1. Would you be happy to explain clearer the statement that appears in the title of the manuscript "Uncommon sentinel for diffuse metastatic disease"? Specifically, what would like to say by "uncommon sentinel"?

The purpose of presenting this unusual case is to illustrate that rarely, widespread metastatic breast cancer may involve the thyroid with secondaries. This is clearly an uncommon situation. The thyroid was considered a sentinel as most reports of metastases to the thyroid are solitary; however, other authors report 79% of their patients have evidence of other metastases at the time of diagnosis of thyroid metastases. That may suggest that the extent of investigations plays a part in determining the other disease identified. A past history of a malignancy elsewhere should raise the index of suspicion of metastatic disease in patients presenting with a thyroid lumps with or without cervical lymphadenopathy. In addition, the outcomes in metastatic thyroid disease tend to be poor since it is a reflection of the aggression and advanced stage of the primary disease.

2. As authors mentioned the thyroidectomy with lateral lymph node dissection carried out to clarify the nature of the disease. What influence eventually this intervention had into the further management of the patient?

The lateral nodal dissection performed was therapeutic i.e. indicated based on the proven LN mets on pre-op FNA. This, along with total thyroidectomy and central dissection was intended to clear the patient of all local disease and is standard practice in surgery for malignant thyroid disease to optimise local control and improve disease-free survival. It is not possible to say on the basis of one case what impact the lateral neck dissection had although the eventual recurrence of level 2-4 nodes suggests that the disease was moderately aggressive locally and supports the original management.

3. Authors mention on line 125 "…level II-IV lymph node metastases …". Would you consider these as metastases or recurrences?

These lymph node metastases would be considered to represent local recurrence in view of the prior lateral neck dissection. This has now been amended in the text.
Best wishes
Reviewer.

Reviewer #3: 1. Do you believe the case report is authentic?
Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.
Comments: No

3. Does the Introduction explain the relevance of the case to the medical literature?
Yes

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:
   - De-identified demographic information (age, gender, ethnicity) - yes
   - Main symptoms of the patient - yes
   - Medical, family and psychosocial history - yes
   - Relevant past interventions and their outcomes - yes

b. The relevant physical examination findings - yes

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month. - yes
d. Diagnostic assessments, including:
  - Diagnostic methods - yes
  - Challenges (e.g., financial, language/cultural) - yes
  - Reasoning and prognostic characteristics (e.g., staging), where applicable - yes

e. Types and mechanism of intervention - yes

f. A summary of the clinical course of all follow-up visits - yes

Comments:

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? - yes

Comments:

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes/No

7. Is the Abstract representative of the case presented? Yes

Comments:

8. Does the case represent a useful contribution to the medical literature? Yes

Comments:

9. Additional comments for the author(s)? None
Reviewer #5: Dear authors,

The CT scan and thorax MRI still missing from the manuscript! The description of these images is now included in the text (lines 110-113). The images can be provided at the editor’s request; however, we feel that the focus of this case report is on breast metastases to the thyroid and we did include histopathological images to demonstrate this.

--Please also take a moment to check our website at for any additional comments that were saved as attachments. Please note that as Journal of Medical Case Reports has a policy of open peer review, you will be able to see the names of the reviewers.

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