

## Format for ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6201-review.doc).

**Title:** Adrenal metastasis from Differentiated Thyroid Carcinoma Documented on Post-therapy <sup>131</sup>I scan

**Author:** Ranade Rohit, D.R.M, Thapa Pradeep D.R.M, Basu Sandip D.N.B.

**Name of Journal:** *World Journal of Radiology*

**ESPS Manuscript NO:** 6201

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Title should be less than 12 words – Title was limited to 10 words

(2) Short running title was to be added- Running title of less than 6 words was added

(3) Author contributions were asked to be added- Author contributions were added

(4) Full name of PET-CT was to be written- PET-CT was written in full as Positron Emission Tomography-Computerised Tomography.

(5) Core Tip was to be added: Core Tip was added.

(6) References were to be put in Arabic numerals and as superscript- these were done.

(7) comments were to be added- These comments were added.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Radiology*

Sincerely yours,

**Sandip BASU, DRM, DNB**

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Dear Editor,

We have undertaken the required correction in the revised version and have prepared this response to the Reviewers' comments .

3 Points that need mention:

- The reference 5 is accepted and will be published within 2 weeks. It has yet not been pubmed indexed, it will be soon published online following which it will appear in Pubmed. We shall be able to update it during the proof stage.
- The histological diagnosis of the metastatic adrenal lesion, while not present, the Radioiodine uptake in a documented mass lesion is strongly indicative of metastasis from Differentiated Thyroid Carcinoma, unless proven otherwise. In the present case scenario thus the adrenal lesion which whowed I131 uptake was in all probability metastatic from DTC . This has been already discussed in the manuscript. discussed this. We have also mentioned that our patient opted for radio-iodine treatment and refused surgery and hence was treated with the same.
- It was not possible to ascertain the exact number of adrenal mets which were unilateral, as some of the reports in the literature do not clearly specify the number.

We hope the concerns have been adequately addressed in the revised version and we look forward to hearing the decision about the revised manuscript.

Thanking you for the comments and criticisms about the manuscript which aided to better it further.

With Best Regards,  
Sandip