Answering Letter

Thanks for all your consideration and feedback to our case report. Here are the point-to-point response to each of the issues raised in the reviewer report.

Reviewer #1:

1.Figure 1 Disease courses, the appearance of metastasis should be included.

Revised in re-submitted Figure 1.

2.It is convenient for the authors to offer hypotheses about why a given procedure was or was not effective, and specifically suggest what type of studies could provide more information about the hypothesis suggested by the case.

The report didn't involved a procedure or hypotheses in this case report. We point out that rapidly diffuse goiter without thyroid nodules may be the first sign of TM and that enlarged lymph nodes in the contralateral cervical area may represent SMs of primary breast cancer. This finding raises awareness of these clinical presentations, which would be helpful for the early detection of metastatic breast cancer. In addition, the IHC profiles may change during the process of metastasis, which indicates that biomarker testing for metastatic disease may be crucial for clinical decision making. And we hope that more academics can pay attention to the neck abnormalities in patients with malignancy history.

3. It may be helpful for readers to emphasize the combination of ultrasound and fine needle aspiration cytology to determine whether the nodules are solitary or multiple, unilateral or bilateral, and whether there is involvement of the lymph nodes in the neck.

We totally agree that the combination of ultrasound and FNAC is important in diagnosis of thyroid abnormalities, and it's also worldwide recognized and practiced in clinical application. Abnormalities in ultrasound images provide target and orientation to FNAC, as it is in this case report. It is suggested that in patients with a history of malignant diseases, the abnormal findings of thyroid and other unusual clinical presentations should be evaluated and monitored closely for early detection of metastatic disease. This decision would be helpful for managing second thyroid cancer and cervical lymphadenopathy and improving the poor prognosis of thyroid metastasis.

Science editor:

1. Figure 3 should be rewritten, explaining the meaning of each figure.

Revised in re-submitted image files.

2. Laboratory examinations should be supplemented with more thyroid function indicators, tumor indicators, and inflammatory indicators.

Added in Laboratory examinations, case report.

3. Did the author have a physical examination?

Added in physical examination, case report.

4. Can author make a table of twenty-five articles of Detailed information about thyroid metastatic breast cancer?

Please see re-submitted table 1.

Company editor-in-chief:

1.Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Please see re-submitted image files.

2.Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Please see re-submitted Approved Grant Application Form.

Additional remarks:

1. For language quality, the language polishing was preformed in the AJE and the language certificate was submitted at the first submission. Only few sentence was changed in the new revised version so that language polishing was not performed this time. But we are willing to do it if necessary.

2. Reference NO.15 [**Lacka K**, Breborowicz D, Uliasz A, Teresiak M. Thyroid metastases from a breast cancer diagnosed by fine-needle aspiration biopsy. Case report and overview of the literature. *Experimental oncology*. 2012;34(2):129-133.[PMID: 23013767]] don't have DOI, but it can be found at PubMed.