

## Format for ANSWERING REVIEWERS

May 10, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 10452-review.doc).

**Title :** Thyroid carcinoma showing thymus-like differentiation (CASTLE): case presentation of a young man

**Author:** Abeni Chiara , Ogliosi Chiara , Rota Luigina, Bertocchi Paola, Huscher Alessandra, Savelli Giordano, Lombardi Mariano and Zaniboni Alberto

**Name of Journal:** *World Journal of Clinical Oncology*

**ESPS Manuscript NO:** 10452

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) 159662

1. What was the reason of neck oedema and dysphagia? We corrected the manuscript, in fact the patient didn't have dysphagia, but minimal neck oedema and throat tightness.
2. What were the dimensions of the nodule? We added the dimensions of the nodule but we don't have an echographic image.
3. Cytologic investigation was an FNA? Yes.
4. What was the exact result of cytology? We added the exact result of the cytology in the text.
5. T3 is a locally advanced thyroid nodule that requires at least prophylactic central compartment. Noting that the tumor staging is N1b and stating that 6 out of 6 lymph nodes were positive means that the treatment of the patient is incomplete and should be re-operated for radical neck dissection, without further investigation. MRI and PET scan was not necessary. The patient underwent surgery in another hospital, we don't know the reasons for these therapeutic choices.
6. What type of lymphadenectomy was performed in the second operation? We added this detail in the text.
7. Why didn't you have the skin nodules excised? To my opinion these nodules were possibly due to rupture of the thyroid capsule during the first operation. We didn't excised the skin nodules because it was a cutaneous lymphangitis carcinomatosa. Yes, also in our opinion these nodules were possibly due to rupture of the thyroid capsule during the first operation.
8. Intraoperative images should be added. We don't have intraoperative images because the surgery was performed in another hospital.
9. PET scan images should be added. We added PET images
10. MRI images should be added. We can't add the MRI images because MRI wasn't performed at our hospital.

(2) 2904310

General comments:

1. Can the authors shed any light on the differential of CASTLE and other head neck tumor in different radiographic options. In our case, we had only PET images, so we can't made proper comparisons or differential diagnosis.
2. The role of CD117 in thymic carcinoma was emphasized (K. Nakagawa, et al., Immunohistochemical KIT (CD117) expression in thymic epithelial tumors, Chest 128 (2005)140-144.) The authors should discuss in the discussion. We didn't discuss CD117 in our case report because this IHC staining wasn't performed by our pathologists.

Specific comments:

1. On page 6, 8th paragraph: ' There is no gold standard treatment for this rare pathology although ----' should be " for this rare lesion"?, please check this sentence. We corrected this sentence.
2. On page 9, In Reference section, 2nd reference: "Word Health Organization "should be" World Health Organization". We corrected this reference.
3. On page 11, table 1: should include the differential of squamous cell carcinoma, and should Add CD117 into the table. We added CD117 in the table.
4. On page 12, Figures: should add a CD5 IHC image. We added this image.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Oncology*.

Sincerely yours,



Alberto Zaniboni, MD, PhD  
Department Medical Oncology  
Fondazione Poliambulanza  
Brescia, via Bissolati, 57  
25125 Italy  
Fax: +390303518270  
E-mail: zanib@numerica.it