

Dear Dr. Lian-Sheng Ma,

Thank you for providing us the opportunity to revise our manuscript entitled "Recurrent medullary thyroid carcinoma treated with percutaneous ultrasound-guided radiofrequency ablation: a case report" (Manuscript ID: 58914) to be reconsidered for publication in World Journal of Clinical Cases. We are glad that the comments from the reviewers are generally positive.

We are grateful to both you and the reviewers for the valuable time as well as the efforts in reviewing and improving our work. We studied each and every comment of the reviewers carefully. Extensive revisions on the original manuscript were made and all the questions were answered 'point-to-point' in response to the reviewer's comments.

Our original manuscript has been substantially strengthened and improved by addressing all the points raised by the reviewers. We feel that amendments meet the requirements for the manuscript to be acceptable for publication in World Journal of Clinical Cases.

We look forward to your favorable response.

Sincerely yours,

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To Reviewer #1:

We appreciate the reviewer's encouraging comments that the question we have focused on is important. We also thank this reviewer for the very constructive recommendations. As explained below, we have addressed the concern of this reviewer.

1. Suggestions for language improvements:

- Line 23: I suggest "treated" instead of "performed".
- Line 24: I suggest "contrast-enhanced" instead of "contrast enhanced".
- Line 24: In line 14 of the abstract You introduce the abbreviation US. I suggest this abbreviation is used in line 24. I suggest "...and a contrast-enhanced US" instead of "and a contrast enhanced ultrasound".
- Line 52: I suggest "... at the age of 51" instead of "... at 51 years old...".
- Line 67: I suggest "became enlarged" or "had become enlarged" instead of "become enlarged".
- Line 84: I suggest "contrast-enhanced" instead of "contrast enhanced".

Reply: We are thankful for the reviewer's valuable suggestions. We revised the manuscript exactly as suggested by the reviewer.

2. Questions for clarification:

- Question 1, line 62: "After the initial treatment, the patient was followed up with neck US, serum calcitonin, and carcinoembryonic antigen (CEA)." With what frequency was this follow-up program performed?

Reply: We thank for the reviewer for this comment. As suggested, we added the frequency of the follow-up as following.

Revised manuscript (the revision are highlighted):

After the initial treatment, the patient was followed up with neck US, serum calcitonin, and carcinoembryonic antigen (CEA) every three to six months.

- Question 2, line 112: "After absorption of necrotic tissue, significant shrinkage of

metastatic lymph nodes coupled with marked clinical improvement in metastasis-related symptoms was observed”. In which specific metastasis-related symptoms did You observe improvements?

Reply: We are thankful for the reviewer’s valuable comment. The patient’s serum calcitonin level has dropped remarkably, which can be considered the specific metastasis-related symptom.

- Question 3, line 121: “... few major complications have been encountered...”. Can You please add a reference to support this statement?

Reply: We thank the reviewer for alerting us to this. We added a reference as suggested.

Added reference:

Chung, S. R. et al. Safety of radiofrequency ablation of benign thyroid nodules and recurrent thyroid cancers: a systematic review and meta-analysis. *Int J Hyperthermia* 33, 920-930, doi:10.1080/02656736.2017.1337936 (2017).

- Line 133: In line 49 You state that the patient refused to undergo a second surgery. At the end of the segment I suggest you add “Fourth, the patient refused to undergo a second surgery.”.

Reply: We thank the reviewer for alerting us to this. We have added that as suggested.

Revised manuscript (the revisions are highlighted):

As far as I know, RFA for recurrent MTCs has not been reported in the literature. However, for the present case, in which the patient had undergone an initial complete surgery and then post-operative lymph nodes metastasized, we decided to perform RFA on the patient for the following reasons. First, because the recurrent MTC did not appear to infiltrate vital neck structures or symptomatic lesions, reoperation may lead to overtreatment and produce negative complications. Second, adhesions or inflammatory changes induced by the initial surgery may produce difficulties for the secondary surgery. Third, the patient was very anxious, and active surveillance

management was deemed not acceptable. Fourth, the patient refused to undergo a second surgery.

To Science editor:

1 Scientific quality: The manuscript describes a case report of the recurrent medullary thyroid carcinoma treated with percutaneous ultrasound-guided radiofrequency ablation. The topic is within the scope of the WJCC. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The authors reported a case of recurrent medullary thyroid carcinoma treated with percutaneous ultrasound-guided radiofrequency ablation. The comment is well. However, the language should be revised. The questions raised by the reviewer should be answered;

Reply: The language has been revised as suggested and the questions have been answered ‘point-to-point’ in response to the reviewer’s comments.

(3) Format: There are 2 tables and 2 figures. A total of 24 references are cited, including 5 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by editage was provided. 3 Academic norms and rules: The authors provided the CARE Checklist–2016, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the Written informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The “Author Contributions” section is missing. Please provide the author contributions;

Reply: We have added the “Author Contributions” section as following.

Author contributions:

M Tong, H Li and Y Che contributed to the manuscript writing.

(2) The authors did not provide original pictures. 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;

Reply: The original figure documents have been provided using PowerPoint.

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; (4) The references' number should be put in the square brackets;

Reply: The format of the reference has been revised accordingly.

(5) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Reply: We have re-written the "Case Presentation" section and added the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections according to the Guidelines and Requirements for Manuscript Revision.