

Point-by-point responses

In response to the Reviewer #1:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors:

1. The authors present a case of papillary thyroid microcarcinoma with hepatic and pulmonary metastases. Papillary thyroid microcarcinoma is frequently seen, but the presence of both hepatic and pulmonary metastases is rare. The authors highlight the clinical and pathological profile of this case. The Introduction present shortly enough data to put the case in the view of the pathological field. The case report includes patient information, clinical presentation, and lab and the authors emphasize the imagistic findings (with suggestive figures). Then, the data on management were presented. The Discussion includes the essential aspects of this case, and I think it should be finished with a Conclusion paragraph.

Response: We appreciate the reviewer's positive evaluation and helpful suggestion to our study. We have finished with a Conclusion paragraph in the Discussion section in our revised manuscript.

2. The paper is well written, presenting the most critical aspects of the case, but some minor improvements could be made. First, the title could be changed as it seems now that the metastases and carcinoma are 2 concurrent entities and not linked.

Response: Thank you very much for the helpful suggestion. We changed the title in the revised version to demonstrate the metastases and carcinoma are 2 linked concurrent entities

3. Another change that I recommend is to improve the presentation of the iodine scan results by not using the numbers.

Response: Thank you for the careful reading. We have improved the presentation of the iodine scan results by not using the numbers in the revised manuscript.

4. Besides these two small changes, some typos also need to be corrected and verify references 8 and 12 for all details.

Response: Thank you for the careful reading. We have verified references 8 and 12 and other typos for all details in the revised manuscript.

In response to the Reviewer #2:

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

1. ICF and ethical Committee approval mentioned please.

Response: Thank you for the comment. The Ethical approval was obtained from the first medical college of Zhejiang Chinese Medical University Research Ethics Committee and we mentioned this in the revised manuscript.

2. Please insert some comments on predictive factors for metastasis.

Response: Thank you for the suggestions. The predictive factors for papillary thyroid carcinoma metastasis included age, gender, thyroid functions, Hashimoto's thyroiditis, multifocal tumor, tumor size, capsular invasion, extrathyroidal extensions. The histopathological characteristics of tumors, such as their bilaterality, multifocality, extrathyroidal extension, capsular invasion, and lymph node metastasis, are important indicators of their invasiveness and affect prognosis. We have added the comments on predictive factors for metastasis in the revised manuscript.

3. What about survival having lung metastasis concomitantly?

Response: Thank you for the helpful suggestions. Age increased the thyroid cancer with lung metastasis-specific mortality risk. In a study performed by Huang, the mortality rates of thyroid cancer with lung metastasis were 32.78% (118/360), 46.71% (156/334), 53.93% (199/369), 58.96% (158/268) and 82.76% (72/87) in patients aged ≤ 55 years, >55 but ≤ 65 years, >65 but ≤ 75 years, >75 but ≤ 85 years and >85 years. We have added this in the revised manuscript.

4. Please explain-PTC nevertheless has a generally favorable prognosis for long term survival, even with distant metastases.

Response: Thank you for the suggestions. PTC patients with distant metastases had lower levels of dedifferentiation than differentiated thyroid carcinoma (DTC) cases with distant metastases. Therefore, the tumors exhibit more indolent behaviors than differentiated thyroid carcinoma even with distant metastases. Therefore, PTC nevertheless has a generally favorable prognosis for long term survival, even with distant metastases. We have explained this in the revised manuscript.

5. Please explain which are the general recommendations?

Response: Thank you for the careful reading. The general recommendation was an active surveillance approach recommended by the American Thyroid Association guidelines as an alternative option for patients with low-risk PTMC. We have explained this in the revised manuscript.