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Title: Assessment of Clinical and Pathological Features of Patients underwent Thyroid Surgery: A Retrospective Clinical Study

Reviewer's code: 02842333

High p-value for sex may be due to missing data. A statement in this regard is worthwhile. Independent sample t-test can be applied only when the two samples are normally distributed. High p-value for Age could be due to violation of this assumption. Please give the distribution. Although the tumour size is significantly different, ROC curve does not derive useful data. By taking 28 mm cut off, half of the true malignancies are missed. Therefore, this cut off is not useful; very low sensitivity and specificity.

Response to the Reviewer

Thank you for your valuable comment about our manuscript. We re-evaluated the statistical analysis section in the direction of your suggestions. Indeed, we used non-parametric analyzes because the data in this study were not homogeneously distributed. So, we revised the values of the table and the statistical methodology section. As for the second part of your interpretation, the cut-off value we obtained by ROC curve analysis is a result of this study. One half of the tumor cases may be below this value. It is one of the reasons that this study is retrospective. In addition, nodule size was found to be smaller in tumor cases than in this study. This is the result we achieved with not overlapping with the results of many studies in the literature. It is clear that it needs to be supported by other studies. We have objectively shared the limiting factors in last paragraph of the discussion section.

Reviewer's code: 03104341

In this study, Arif Emre et al. retrospectively analyzed parameters including age, sex, complete blood count its parameters, nodule diameter, nodule localization, thyroid functions test, and pathology reports in patients underwent thyroid. By analyzing the samples including



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406 women and 99 men, the authors found that there were significant differences between the groups with respect to nodule size, cervical lymphadenopathy, nodular calcification, and ultrasonographic examination findings. They concluded that significant differences existed between the malignant and benign groups with regard to nodule size, cervical lymphadenopathy, nodular calcification, ultrasonographic findings, and nodule size. In general, this is an interesting study, designed scientifically. However, there are still several minors to be improved: 1, This manuscript was written very bad. The authors should improve their English and correct all mistakes. 2, The authors should show the representative pictures of nodular calcification and ultrasonographic findings.

Response to the Reviewer

Thank you for your valuable comment about our manuscript. As you know, this study is a retrospective file scan. In the thyroid ultrasonography taken at the hospital where this study is performed, a report is being prepared indicating the interpretation of the radiologist. Since the cost is high, no image output is given. Sorry, we do not share any images. We do not see it as ethical to share the images of another patient for this study. The English language of the article was revised.

With Best Wishes

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