

Jin-Lei Wang

Company Editor-in-Chief, World Journal of Clinical Oncology

*We are very thankful to the Reviewers for the valuable comments and suggestions performed to improve our paper. All changes were marked in yellow in the manuscript. We hope that with these changes, our manuscript is now suitable for publication.*

*With my best regards,*

*Fabian Pitoia, MD, PhD*

1) Reviewer #1:

The topic of manuscript falls within the scope of World Journal of Oncology. This manuscript is a review to provide a summary of the current therapeutic strategies in Advanced Radioiodine-Refractory Thiroid Cancer, including approved target therapies as well as those for off-label use, radioactive iodine resensitization agents and immunotherapy. I think that this manuscript is not novel, but nicely done and it is a good review of the most recent Literature about the current therapeutic strategies in Advanced Radioiodine-Refractory Thiroid Cancer.

- 2) **Science editor:** (1) This manuscript is a review to provide a summary of the current therapeutic strategies in Advanced Radioiodine-Refractory Thiroid Cancer, including approved target therapies as well as those for off-label use, radioactive iodine resensitization agents and immunotherapy; (2) This manuscript is not novel; Besides, the detailed approval information for each approved drugs should be supplemented, for example Lenvatinib has been approved by NMPA (China). (3) The methods used are sound for evaluating the hypothesis; (4) The results can be obtained with those methods and are justified; (5) The interpretation of the results and the conclusions drawn are sound; and (6) It might be a good review of the most recent Literature about the current therapeutic strategies in Advanced Radioiodine-Refractory Thiroid Cancer. (7) For table 1, the information concerning clinical trial registry (eg. [clinicaltrials.gov](http://clinicaltrials.gov)) number, SAE, and withdrawal treatment should be added. Whether Progression free survival (months) is median PFS or not, Please clarify. As for Common adverse events, the information across studies is not consistent. For example, Grade 3 lymphocytic toxicity (7%) for Ref 76.

Language Quality: Grade A (Priority publishing)  
Scientific Quality: Grade C (Good)

*Thank you for your comments. We included the NCT number of each clinical trial, serious adverse events, and frequency of withdrawal due to adverse events. Also, we made more consistent the list of common adverse events from the clinical trials. We added "Median" to "Progression free survival".*

- 3) ***Company editor-in-chief:*** I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Oncology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. 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.

*The changes were addressed as suggested by the editor. Images files were attached separately in a ".ppt" file.*