

ARISTOTLE UNIVERSITY OF THESSALONIKI, SCHOOL OF MEDICINE SECOND SURGICAL PROPEDEUTIC DEPARTMENT

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Dr. Lian-Sheng Ma, Founder and Chief Executive Officer Baishideng Publishing Group, Inc.

Dear Editor:

Thank you for your preliminary decision regarding our invited paper entitled "The role of prophylactic central neck lymph node dissection for papillary thyroid carcinoma in the era of deescalation." (Manuscript NO: 85294), which was sent to the *World Journal of Clinical Oncology* for publication as a *MiniReview*.

I would like to thank the reviewers for their earnest efforts in reviewing the manuscript. I accepted and responded step by step to all considerations by the reviewers improving the manuscript. The changes are highlighted by yellow.

Reviewer 1. Many thanks for his considerable comments. We fulfilled all of his valuable suggestions improving the presentation of the study.

- 1. Abstract. a. The abbreviations have been used (PTC, pCND) as suggested and also
- b. cN1 clarified by some moving.
- c. It has been added at the end as suggested the text "Thus, pCND is currently recommended for T3 and T4 tumors but not for T1 and T2 tumors without high-risk prediction factors of recurrence." (page 2, lines 25-26).
- 2. Introduction. The suggested text has been moved by adding a new section "Research methods" just following "The study was based on the data of an extensive literature review from PubMed until March 2023, focusing on the comparison of the efficacy and surgical safety of its prophylactic performance. Only full-text papers published in the English language were included. Since the aim of this review was to study the efficacy and oncological completeness of thyroidectomy with or without central neck lymph node dissection for well-differentiated thyroid carcinoma, studies for nonmalignant thyroid pathologies were excluded." (page 5, line 16-24).
- 3. As suggested two new tables (2,3) of various studies have been made and added in the two preexisting tables (1,4) changing the order of numbering. Also a new Figure 1 has been added. Thus, the



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following texts have been added in the manuscript a. 'The effect of lymph node status in recurrence and survival in PTC is shown in Table 2." (page 10, first line).

- b. "The results of the above mentioned studies using routine prophylactic central neck lymph node dissection in PTC are shown in Table 3." (page 14, lines 1-2).
- c. "Based on the above mentioned studies, the main high-risk prediction factors of central lymph node recurrence in T1-T2 PTC are shown in Figure 1." (page 15, lines 13-14).
- 4. Conclusion. It has been shortened enough as suggested by moving the following text at the end of the previous section summarizing the reported data there "It seems from all the above mentioned that preoperative evaluation is crucial for minimizing the possible risk of injury from overtreatment in the majority of patients who otherwise have a low risk of disease-specific mortality and morbidity, whereas properly treating and monitoring those patients at higher risk is important since in some cases, nodal metastases are found in the surgical specimen. Apparently, molecular genomic assessment of diagnostic cytology samples could be more informative when dealing with the aggressive behavior of well-differentiated thyroid carcinoma to reliably modulate the extent of the initial surgery. Ipsilateral central neck dissection frozen section examination could be a reliable intraoperative method to assess the nodal status." (page 16, lines 6-15).

Reviewer 2

Thanks for his comments and the spending time for review. However, I do not agree with him. The debate over prophylactic central neck lymph node dissection in the era of de-escalation for the treatment of PTC has been well illustrated in the text and in the Tables 2,3. Also, the pros and cons of prophylactic central neck lymph node dissection are discussed thoroughly in the manuscript and shown in the results of published studies.

Reviewer 3

Many thanks for all his positive comments.

I am sending the revised manuscript and hope to receive a favorable final decision.

We look forward to hearing from you at your earliest convenience.



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Sincerely,

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