

## Peer Review File

Article information: <https://dx.doi.org/10.21037/gs-23-88>

### Reviewer A

The original article entitled " Incidental thyroid carcinomas: experiences related to the surgery of head and neck cancers" analyzed 11 incidental thyroid carcinomas (ITC) patients who also had head and neck cancer. The patients underwent surgical treatment in the past 5 years and were followed-up for >1 year. This retrospective study sought to share their experience in the treatment of ITCs related to the surgery of head and neck cancers.

The following are my comments:

The author aims to discuss a second primary malignancy (SPM) issue of a synchronous secondary thyroid carcinoma diagnosed after head and neck cancer surgery. The use of the term "incidental thyroid carcinoma" may differ from the common terminology familiar to the general reader and should be used only when a complete thyroid survey fails to diagnose the carcinoma. The article does not provide any suggestions for improving the preoperative diagnosis of thyroid SPM or describe the corresponding staging of thyroid SPM. In addition, the limited number of cases analyzed and the lack of postoperative follow-up strategies are not helpful for the readers to understand the true characteristics of such patients.

**Reply:** Thank you for your kind comments. This article uses incidental thyroid carcinoma as the topic, with the intention of discussing thyroid cancer events that were incidentally discovered by pathology after surgery for head and neck cancer. This is the second primary malignancy of the head and neck. However, this article mainly emphasizes this thyroid cancer event that was incidentally discovered by pathology after surgery for head and neck cancer.

We have supplemented the TNM staging of incidental thyroid carcinoma, as shown in the Table(new supplementary TNM data in Table) . Incidental thyroid carcinoma is relatively rare in patients with head and neck cancer, which is the reason for the low number of cases in this article. We will continue to summarize and supplement case data in future clinical work. The postoperative follow-up of patients was strictly conducted in accordance with the NCCN guidelines for postoperative follow-up of thyroid carcinoma. See the follow-up section in the article.

The author did not clearly indicate the strategy for performing completion thyroidectomy in patients with nodal metastases undergoing unilateral thyroid surgery

in many pharyngeal/laryngeal cancer surgeries. Moreover, one year of follow-up is insufficient to assess the recurrence of thyroid cancer.

**Reply:** In the results and discussion, this article analyzed that although this group of patients with incidental thyroid carcinoma after surgery only underwent unilateral lobectomy and ipsilateral neck lymph node dissection, they did not undergo supplementary total thyroidectomy again. They have undergone strict follow-up for thyroid carcinoma, and so far, no recurrence or time of death due to thyroid cancer has been found. Although the number of cases is small and the follow-up period is short, it can be preliminarily considered that incidental thyroid carcinoma found pathologically after surgery for head and neck cancer is also feasible without secondary supplementary expanded total thyroidectomy under close observation.

As can be seen from the case data table, the shortest follow-up time for incidental thyroid carcinoma is also more than 1 year, and the longest has exceeded 5 years. Because patients with head and neck cancer have a late stage and a survival period of less than 30% within 5 years, this is the reason for the short follow-up time for this part of incidental thyroid carcinoma.

The small number of cases, limited literature analysis, and insufficient stratified discussion of cases make it difficult for readers to gain new knowledge about this disease pattern from this article.

**Reply:** The low incidence of incidental thyroid carcinoma after surgery for head and neck cancer is the reason for the low number of cases. We will continue to summarize cases in future clinical work.

## **Reviewer B**

Incidental thyroid nodules are a well-known and frequent occurrence.

The cases described are few and of little clinical relevance.

The work adds nothing to what is well known in the literature.

**Reply:** Thank you for your generous comments. Incidental thyroid nodules are indeed a well-known clinical phenomenon, but in surgery for head and neck cancer, especially incidental thyroid carcinomas found pathologically after surgery, it is indeed rare in clinical practice. Clinicians still lack unified treatment guidelines for this phenomenon. The purpose of this article is to summarize the clinical data of incidental thyroid carcinoma after surgery for head and neck cancer in a single center, and to follow up and summarize clinical experience, which can serve as a guide for the treatment of this clinical phenomenon in the future. Although the number of cases is small, we need to continue to summarize cases in future clinical work.

