Peer Review File
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Title: Indian experience of AUS/FLUS diagnosis on thyroid cytology: Is it different from rest of Asia and the West?

Reviewer #1

Comment 1: The manuscript requires significant proof reading and revision to improve the quality of English and the clarity.

Reply 1: The manuscript has been revised as advised.

Comment 2: "DerSimonian-Laird method" instead of "DeSimonian-Laird method"

Reply 2: The correction has been made in the text.

Comment 3: "Random effects model" instead of "random-effect model"

Reply 3: The correction has been made in the text.

Comment 4: There is no such thing as "prevalence of frequency" or "prevalence of rate."

Reply 4: The correction has been made in the text.

Comment 5: ROM-U and ROM-L are confusing. I would suggest using ROM-resection and ROM-overall.

Reply 4: The correction has been made in the text.

Comment 6: ROM-U will be affected by RR. Regions like most Asian countries with more strict clinical and radiological criteria for surgery will have a lower RR and a higher ROM-U. ROM-L are much similar among regions, suggesting AUS is still a relatively homogenous category under the TBSRTC. Please illustrate this in the discussion.

Reply 4: The point has been elaborated in the text as advised.

Reviewer #2

This study conducted a meta-analysis of the literature which dealt with AUS/FLUS thyroid nodule practice, including 60 publications among countries (18 Indian, 12 Asian, and 30 Western). The author confirmed that AUS/FLUS nodules were more frequently resected in Western practice than in Asia, and found highest in Indian

practice. ROM was higher than recommended values in all three areas, being high for Asia, intermediate for India, and low in the West.

One more essential finding in this study was that borderline tumors and low-grade cancers (NIFTP, follicular variant of PTC and tumors of uncertain malignant potential) constituted 41.7% (40/96) of the available diagnoses from India, 24.4% (82/336) from Asia and 51.8% (246/475) from the West. The author concluded that Asian clinicians took a more selective surgical approach; to avoid overtreatment, conservative management of active follow-up is preferred for low-risk thyroid carcinomas.

This manuscript is a very well written review on AUS/FLUS nodules among countries and highlighting Indian thyroid practice. This reviewer has nothing to add.