Peer Review File

Article information: http://dx.doi.org/10.21037/gs-20-603.

**Reviewer A**

**Comment 1:** INTRODUCTION: multifocality is though associated with BRAF more frequently

Reply 1: Thank you for your comment. As your recommendation, we added the above in introduction part.

Changes in the text: see page 3, line 10-11

**Comment 2:** PATIENTS: macroscopic CLN metastasis means that pre-operative imaging was not considered but only surgeon's evaluation?

Reply 2: Thank you for your comment. CLN dissection was performed if macroscopic CLN metastasis was present on the pre-operative imaging such as neck ultrasonography or neck computed tomography or during surgery. We added this sentence in introduction part.

Changes in the text: see page 4, line 9-10.

**Comment 3:** RESULTS: the recruitment was over 10 years: could you specify how the median fu can be 10 years?

Reply 3: Thank you for your comment. The range of follow up duration was from 1month to 240 months, because this period included follow-up loss cases. We added the range of follow-up duration.

Changes in the text: see page 6, line 4.

**Comment 4:** DISCUSSION: CLN should be better divided between central and lateral because their prognostic meaning is very different.

Reply 4: Thank you for your kind comment. We added that multifocality is associated with central and lateral CLN metastasis.

Changes in the text: see page 8, line 8-15.

**Comment 5:** Molecular mechanisms that are assumed to have importance were not considered? In other words BRAF or RET were not available?

Reply 5: Thank you for your comment. We totally agree with reviewer' s comment. However, BRAF or RET mutation test was not available at that time.

**Comment 6:** LN dissection only on the basis of a macroscopic involvement can be an important bias: at least you should better specify the choice you did in order to dissect or not.

Reply 6: Thank you for your kind comment. We totally agree with reviewer' s comment. We add your comment in the discussion part.

Changes in the text: see page 10, line 15-17.

**Comment 7**: CONCLUSION: "CLN metastasis should be closely monitored" is obvious and the attitude not supported specifically by your study

Reply 7: Thank you for your kind comment. We totally agree with reviewer' s comment. We add your comment in the discussion and conclusion part.

Changes in the text: see page 8, line 8-15 & page 12, line 5-9.

**Reviewer B**

Comment 1: The article is very interesting on a very hot topic. English language grammar has to be improved.

Reply 1: Thank you for your comment. We will get an English correction.

Comment 2: In 53 patients a lobectomy was performed. Criteria to perform lobectomy vs totale thyroidectomy must be clarified.

Reply 2: Thank you for your comment. We added criteria to perform lobectomy.

Changes in the text: see page 4, line 6-8.

Comment 3: Type and timing of recurrence are not clear and must be explained and clarified.

Reply 3: Thank you for your comment. We added the type and timing of recurrence.

Changes in the text: see page 6, line 20-22.

Comment 4: Did the patients perform radioiodine post-operative treatment? In what cases?

Reply 3: Thank you for your comment. RAI was performed if there were multifocality, bilaterality, extension, or CLN metastasis. We added RAI status to the table 1. And we analyzed the association of clinical recurrence with RAI (Table 2). Although a multifocal PTC group demonstrated a higher ratio of RAI-T ($P$<0.001) compared with patients with single PTC, there was no difference in the recurrence rate.

Changes in the text: see 6 page, line 14, see Table 1&2.

Comment 5: References can be improved and updated (see for example Calò G, Erdas E, Medas F et al. Differentiated thyroid cancer: feasibility of loboisthmectomy in an endemic region. G Chir. 2015 Nov-Dec;36(6):257-62. doi:10.11138/gchir/2015.36.6.257. PMID: 26888701; PMCID: PMC4767372.)

Reply 5: Thank you for your comment. We added and updated references.

Changes in the text: see page 16-17.