

Article Information: <http://dx.doi.org/10.21037/gS-20-579>.

Reviewer A

Comment 1: This study is thought to be an interesting study on the application of IONM used in thyroid surgery in Greece.

The use of IONM is influenced by a variety of factors, including surgeon's experience, method and indication of IONM use, familiarity with IONM, and medical insurance system.

In this study, it is believed that the study of IONM awareness in Greece's endocrine surgeon will not be the same as in other countries. However, it is considered meaningful to reflect the current endocrine surgeon's attention to IONM in Greece.

And, I can't find the figure 1 in your manuscript.

Reply 1: We sincerely thank the reviewer for his comments. As far as figure 1 is concerned, it is placed on Pages 15-16 of the manuscript.

Reviewer B

The manuscript entitled “Do surgeons really know how to perform neuromonitoring in thyroid surgery? An awareness study.” enrolled 59 endocrine surgeons received a structured questionnaire to examine their awareness regarding the use of intraoperative neuromonitoring (IONM) techniques in thyroid surgeries. The responders’ group consisted of 26 members of the GSES and 33 non-members.

The followings are my comments:

Comment 1: This study highlights the real use of IONM and points out a very important issue – does surgeon perform IONM correctly? Research on this topic is prone to peer pressure, so I am glad to review this valuable study.

Reply 1: We sincerely thank the reviewer for his very constructive comments.

Comment 2. The question number is different in “result” and in “figure 1”, which cause obvious difficulty in reading.

Reply 2: The reviewer is correct. A typo error in the figure omitted numbering of the

first question. This was corrected.

Changes in the text: See Figure 1, Page 15

Comment 3: In “result” section (Page 6, Line 1-3), “there was a vast difference in the perception of visual recognition vs. IONM between members and non-members, as displayed in Figure 1 ($p < 0.01$ for all values)”. I cannot find this information from this figure, please describe it.

Reply 3: Indeed, the data is not included in figure 1. We added a figure 2 for this purpose.

Changes in the text: See Page 1, Line 20, Page 6, Line 2 and Page 17

Comment 4: In “result” section: “(Page 6, Line 9-11) Eleventh question showed that only 43.5% of...The above mentioned was independent of being a member of GSES or not.” “(Page 6, Line 16-17) The thirteenth question showed that the participants’ mean duration of surgery practice was 13 years.” Please show the data of GSES member and non-member, and please add description in “discussion” section about these results.

Reply 4: The reviewer is correct and for this reason a phrase was added in the respective paragraph (Page 6, Line 9, 11, 12). The reviewer is correct and for this reason the data were added in the respective paragraph (Page 6, Line 18).

Changes in the text: See Page 6, Line 18 and Page 6, Line 9, 11, 12

Comment 5: Obviously, the rate of GSES members using IONM in Table 1 is significantly lower than that of non-members in various indications. The authors should try to discuss this difference instead of attributing it to the educational factors or economic circumstances.

Reply 5: In an additional paragraph, we discuss that experience is the most likely explanation for the difference between GSES members and non-members, as to the use of IONM.

Changes in the text: See Page 9, Line 6-10

Comment 6: In “discussion” section (Page 8, Line 21-24) “In our study, a relatively high percentage of surgeons (43.5%) would continue the procedure if the signal of the nerve was lost intraoperatively, something that comes in agreement with other studies.” In this question, a higher false negative result should be considered, or even if the

surgeon ignores this result, these should be described

Reply 6: In this section, we corrected the percentage, which is 56,5% instead of 43,5%. We also comment on the high percentage of false negative results

Changes in the text: See Page 9, Line 2-5

Comment 7: In the main text, no “conclusion” or “acknowledgement” section found, which may be necessary especially in this study.

Reply 7: Indeed, the reviewer is right. A conclusion section has been added. The survey was held under the auspices of the Greek Society of Endocrine Surgeons and for this reason the authors did not consider that an acknowledgement section should be added.

Changes in the text: See Page 9, Line 12-26

Comment 8: This article ignores the characteristics of IONM that can improve surgical technique and illustrate injury mechanism. The description “not to abandon the conventional techniques” is correct, but for surgeons who do not really familiar with IONM procedure and basic knowledge, IONM will not change their surgical procedures. So, it is not a question of “IONM may not always be available”, but a question of how to use it.

Reply 8: The phrase “not to abandon the conventional techniques” intends to highlight the need to continue training in conventional identification.

Changes in the text: No changes in text

Comment 9: I agree with “Evidence is needed to establish the proper indications for its application.” Making proper indications can encourage surgeons who did not use IONM to use IONM for specific operations. However, when IONM was not performed correctly, it just strengthens the wrong impression: “IONM cannot improve the outcome of thyroid surgery.”

Reply 9: We addressed the point of correctly performed IONM

Changes in the text: See Page 9, Line 24

Comment 10: This article should further point out that when IONM cannot be used correctly, researches on the ineffectiveness or effectiveness of IONM for thyroid surgery should be more cautious interpreted. Regardless of whether the result is positive

or negative, incorrect use of IONM increases burden in thyroid surgery.

Reply 10: We added the reviewer's comment.

Changes in the text: See Page 8, Line 12-15