

Peer Review File

Article information: <https://dx.doi.org/10.21037/aot-22-14>

Reviewer A Comments:

Thank you for this original subject, good writing and excellent review.

Reply: Thank you for your feedback.

Changes in the text: None.

Reviewer B Comments:

This article shows in detail the psychology, worries, and anxieties of thyroid cancer survivors. Although clinicians are often optimistic because thyroid cancer is a cancer with a good prognosis, we found that patient anxiety and quality of life persist longer than expected. Although the actual psychological context is likely to require individual interpretation and response rather than statistics alone, the method of following up cancer survivors, which is not described in the guidelines, is necessary information not only for thyroid cancer but also for various types of carcinomas and seems to be a useful report. If anything, the content presented is duplicative and excessive, and could use a little summarizing.

Reply: Thank you for these comments and suggestions. We recognize that much of the content provided in the manuscript is intrinsically and thematically linked and sections may appear to include overlapping information. We believe it is important with this topic not to be overly reductive and feel that the subject matter warrants thorough and complete narrative coverage.

Changes in the text: We have removed the second paragraph of the introduction which contains some duplicative material.

Reviewer C Comments:

This is a very nice review of an aspect of thyroid cancer care that is neither well documented nor adequately reviewed / studied. The information was well organized and concisely covered.

I would have liked to see a table or maybe a graphic of some sort that summarized some of the key findings lending themselves to this type of summary. For instance, a table or graphic displaying the various outcomes of studies on online information search or online information content may be good for readers. Similarly, highlighting the factors associated with overestimation of risk and recurrence (lines 175-178) and the association between more aggressive treatments and lower QoL (lines 184-192) in a table or graphic would help readers hone in on these aspects as important when they counsel and advise patients and in their own approach to targeting QoL assessment in survivors.

Reply: We appreciate and thank you for these comments and suggestions to improve the delivery of important themes.

Changes in the text: We have included a table (provided at the end of the text) which summarizes key information from studies addressing quality of life (end of document).

Reviewer D Comments:

Following are some minor suggestions to improve the article:

1. To make the structure of the article more clear and concise, we suggest the authors combine the subsections “Informational Needs and Online Resources”, “Role of Support Groups” and “Thyroid Cancer Survivorship Care Plans” into one major section and number the subheadings.
2. The titles of the subsections “Quality of Life” and “Informational Needs and Online Resources” are not informative enough.
3. Nice work! For readers’ convenience, could the authors consider drawing a three-line table to summarize the relevant information in these literatures. For example, patient concerns-QOL results-recommended solutions (it could be from the perspective of patients, clinicians, support groups, etc.).

4. We suggest the authors present the data to back up the claim, not vaguely stating “overall QoL was worse” (line 129) or “better QoL was reported” (line 132). Please check the entire manuscript to address similar concerns.

5. We suggest authors also consider discussing these included studies with an objective perspective. Specifically, which are more trustworthy while others are not? Have authors considered some (even the simplest/most obvious) limitations/quality of this evidence? Would different national QOL assessment tools and criteria have an impact on the results?

Reply: Thank you for the suggestions to improve the article. We have made the following changes noted below.

Changes in the text:

1. While we feel it is at the discretion of the editorial staff to number sections so that the articles of this invited series are formatted in similar fashion, in the event the editorial staff prefers to have subsections numbered, we have done so. Sections are now numbered and subsections are now correspondingly outlined. As requested, the three subsections “Informational Needs and Online Resources”, “Role of Support Groups” and “Thyroid Cancer Survivorship Care Plans” are listed under one new major section titled “Current State of Resources for Thyroid Cancer Patients” and the subheadings have been correspondingly outlined as above.

2. Subsection “Quality of Life” has been renamed “Thyroid Cancer’s impact on Patient Quality of Life” and subsection “Informational Needs and online Resources” has been renamed “Gaps in Information Needs and Online Resources for Thyroid Cancer Patients”

3. We have included a table summarizing key themes relating to quality of life, highlighting groups at risk for decreased QoL. (end of document)

4. We appreciate the suggestion of the reviewer. The aim of this article is to provide a high level summary of the current literature on patient experience in thyroid cancer. The descriptors referenced by the reviewer which report/measure quality of life are direct references to the instruments used in

the studies described in the text. As noted in the manuscript, quality of life instruments which are validated in this specific population are lacking. We imagine the reader who is inclined to further investigate the specific instruments used would consult the referenced text(s).

5. We appreciate the suggestion of the reviewer. The article was conceived as a summary of the current limited literature describing patient experience in thyroid cancer and as such is not structured as a formal systematic review or scoping review of the topic. We may consider at a future point whether such an objective, critical assessment of the subject is warranted.
