

Peer Review File

Article information: <https://dx.doi.org/10.21037/tcr-23-1490>

Reviewer A

The article addresses a well-known topic in the diagnosis of lateral cervical lymph node metastases from differentiated thyroid carcinoma.

Measurement of fine-needle aspiration thyroglobulin (FNA-Tg) has proven to be a useful tool for identifying metastatic cervical lymph nodes. The optimal cut-off value is controversial, with different values reported in the scientific literature, mainly due to lack of standardization and the use of different techniques.

In the present study, the Authors identified a cut-off value for FNA-Tg levels with good diagnostic performance.

The Methods part should be improved, providing more details on the statistical method used to identify the best FNA-Tg cut-off value.

The discussion is well written and the references are appropriate.

Reply: As suggested by the reviewer, we have carefully revised the manuscript. (page5-6, line 136-142)

Reviewer B

This is a retrospective study on 116 patients with 125 suspicious lateral lymph nodes submitted to surgery. You calculated an optimal cut-off value for sTg for the diagnosis of LLNM (17,31 ng/ml, with low accuracy) and the optimal cut-off value for FNA-Tg (4,565 with a good accuracy). The association FNAC + FNA-Tg offered the best performance.

The references are fairly correct, the discussion is interesting and complete.

The message is: experienced operator US is the mean to identify suspicious lateral lymph nodes. To endorse the suspicion, perform FNAC AND FNA-Tg since this association offers the highest accuracy in detecting LLNM.

The finding is not original, but this small study is well conducted.

I found it interesting.

Reply: Thank you for your advice.