Dear Lian-Sheng Ma, Founder and CEO,

I'm glad to receive your email.

Regarding the article labeled NO.: 58812, I will make the following explanations and provide corresponding answers to the questions raised by the reviewers.

point to point answer to all reviewers (one reviewer: #03296635 see 58812-review report and Revision Review Report):

Question 1: The data needs to be confirmed carefully, and the case may not draw the conclusion.

Answer: I have repeatedly confirmed the relevant information and clinical data of the patient and confirmed that the content contained in this article is correct. Although only one case of medullary thyroid cancer is described in this article, this does not deny that we cannot offer challenging thinking about the diagnosis and treatment of medullary thyroid cancer. As far as the published literature does not involve research in this area, whether the cases described in this article are accidental events are worthy of our further exploration. Because of this, this article has a certain sharing significance. In addition, the patient is still being followed up in our hospital. Recently, the patient's immediate family members have also been followed up in our hospital. There is no sign of illness. The patient's calcitonin continued to drop to the normal range after the operation, and the CEA was also within the normal range. These two indicators suggested that the patient had a good prognosis when the ipsilateral and contralateral cervical lymph nodes were not removed.

Question 2: the sentence in line 35-36 of page 1 needs to confirm again."Differentiated thyroid cancer is divided into four pathological types: papillary carcinoma, follicular carcinoma, and medullary carcinoma."

Answer: There are four common pathological types of thyroid cancer:

papillary carcinoma, follicular carcinoma, medullary carcinoma and undifferentiated carcinoma.

Question 3: In the part of Abstract and Laboratory examinations, it showed that the postoperative calcitonin was 345 pg/ml, but it was showed that the calcitonin was tested before surgery in Table 2.

Answer: I have checked the data repeatedly. The expression in the previous article was incorrect. The patient's preoperative calcitonin was 345pg/ml. The data in Table 2 is correct.

Question 4: the line 9 of page 7 and the line 28 of 8 , the words "moderatelysuspicious" "mostlychildren" need to check.

Answer: Check again and confirm that "moderatelysuspicious" should be "moderately suspicious" ;"mostlychildren" "mostly children".

Question 5: The preoperative procalcitonin of the patient wasn't tested,and it cann't be substituted for the value tested at the fist day after surgery. So the conclusion need to be reviewed.

Answer: It was repeatedly confirmed that the patient's preoperative calcitonin was 345pg/ml. The patient is still under continuous follow-up monitoring in our hospital.

Hope to hear from you again.

Best regards,

Dr. Sun.

Round2

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Reply: I have repeatedly confirmed the relevant information and clinical data of the patient and confirmed that the content contained in this article is correct. Although only one case of medullary thyroid cancer is described in this article, this does not deny that we cannot offer challenging thinking about the diagnosis and treatment of medullary thyroid cancer. As far as the published literature does not involve research in this area, whether the cases described in this article are accidental events are worthy of our further exploration. Because of this, this article has a certain sharing significance. In addition, the patient is still being followed up in our hospital. Recently, the patient's immediate family members have also been followed up in our hospital. There is no sign of illness. The patient's calcitonin continued to drop to the normal range after the operation, and the CEA was also within the normal range. These two indicators suggested that the patient had a good prognosis when the ipsilateral and contralateral cervical lymph nodes were not removed.