

# Review of: "Comparison of Different Mandibular Jawlines Classifications on Transoral Endoscopic Thyroidectomy for Papillary Thyroid Carcinoma: Experiences of 690 Cases"

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**Potential competing interests:** The author(s) declared that no potential competing interests exist.

Fist, It's my honer to review an interesting manuscript. I think that this is a good draft with the new idea and big data. With my experience in the TOETVA, especially thyroid cancer, I'm support the efficacy of TOETVA in the treatment of early thyroid carcinoma. You can refer to two publications.

1. Nguyen HX, Nguyen HX, Nguyen HV, Nguyen LT, Nguyen TTP, Le QV. Transoral Endoscopic Thyroidectomy by Vestibular Approach with Central Lymph Node Dissection for Thyroid Microcarcinoma. *J Laparoendosc Adv Surg Tech A*. Published online July 17, 2020. doi:10.1089/lap.2020.0411
2. Nguyen HX, Nguyen HX, Nguyen TTP, Van Le Q. Transoral endoscopic thyroidectomy by vestibular approach in Viet Nam: surgical outcomes and long-term follow-up. *Surg Endosc*. Published online October 7, 2021. doi:10.1007/s00464-021-08759-6

**However, I have 2 questions for you:**

1. Could you present exactly the tool for evaluation of QoL after 3 months operation?
2. I think that the addition of vacuum tube for working space building can mitigate the working space because of the CO2 go to the distance between vacuum tube and 10-mm trocars. Beside, the great force of suction can collapse the working space, instead of lap suspension.