

Review of: "Strategies for Management and Long-term Surveillance of Pediatric Differentiated Thyroid Cancer: Balancing Efficacy and Quality of Life"

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Potential competing interests: No potential competing interests to declare.

It is a nice manuscript written on pediatric thyroid cancer. There are some critical points, which can lead to misunderstanding (and harm):

general remarks:

- in all chapters references are missing
- use hemithyroidectomy instead of lobectomy

chapter 3.1/3.2

- in almost all children with MTC hereditary RET-mutation (MEN2) is the cause
- there are well studied consensus guidelines recommending prophylactic total thyroidectomy related to the RET-mutation

chapter 3.3

- in DTC age is a significant prognostic factor

chapter 4

- in case of family history of MTC genetic testing/counseling is recommended

chapter 5

- prophylactic TT in MEN2 carriers is accepted worldwide- I would not recommend domestic guidelines
- you prioritize TT- how about complications such as hypothyroidism and recurrence palsy

chapter 5.2

- in DTC a good risk stratification is the adequate response according to Tuttle et al.
- in low-risk patients RAI is not recommended- please be careful with that ! in case of papillary microcarcinoma it can be omitted- to decide if RAI can be omitted in further cases experience in pediatric DTC is needed!!

- do you have literature that 2/3 of children with RAI have died of a second cancer ???