

REVIEWER'S REPORT

Manuscript No.: IJAR-57002

Title: Role of ultrasonography in the evaluation of thyroid nodules with FNAC correlation,

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality				√
Clarity				√
Significance		√		

Reviewer's ID: JPR-094

Detailed Reviewer's Report

****Reviewer's Report****

☐ ****1. Strengths****

1. ****Clinically relevant topic****

* Evaluation of thyroid nodules using USG with FNAC correlation is important in routine practice.

* Useful for radiologists, pathologists, and clinicians.

2. ****Prospective study design****

* Study conducted prospectively (Oct 2023–July 2025), which improves reliability.

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3. ****Adequate sample size****

* Inclusion of ****100 patients**** is acceptable for a single-center diagnostic study.

4. ****Correlation with FNAC****

* Use of FNAC as reference standard strengthens diagnostic validity.

5. ****Inclusion of Doppler parameters****

* Assessment of gray scale + Doppler features adds clinical value.

****2. Weaknesses (Major Issues)****

☐ A. Lack of Statistical Analysis (Critical)

* No ****sensitivity, specificity, PPV, NPV, accuracy****

* No ROC analysis

* P-values inconsistently reported

This is a ****major methodological flaw****

☐ B. Poor Language & Formatting

* Multiple grammatical errors:

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- * "The study period is from..."
- * "clinically suspecting thyroid nodule"
- * Inconsistent capitalization and spacing
- * Scientific writing standards not followed

☐ C. Weak Novelty

- * Topic is **well-studied and repetitive**
- * No new scoring system / classification / innovation

☐ D. Incomplete Methodology

Missing:

- * Ethical clearance statement
- * Sample size calculation
- * Blinding (radiologist vs cytologist)
- * Inclusion/exclusion clarity (not detailed enough)

☐ E. Data Presentation Issues

- * Tables and graphs poorly labeled
- * Some graphs unclear or incomplete
- * No proper statistical comparison tables

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□ F. Discussion is Weak

- * Lacks deep comparison with recent literature
- * Mostly descriptive, not analytical
- * No explanation of discrepancies

□ G. Referencing Issues

- * Old references (mostly pre-2005)
- * Not in standard journal format (Vancouver style inconsistent)

3. Minor Issues

* Spelling mistakes:

- * “mailgnancy”, “hypoechogenecity”
- * Repetition in introduction
- * Overly long background section
- * Conclusion too general (textbook-like)

4. Key Points for Improvement

Authors must address:

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1. Add ****diagnostic accuracy statistics****:

* Sensitivity, specificity, PPV, NPV

2. Improve ****English language and grammar****

3. Include:

* Ethical approval

* Consent statement (already partial)

4. Revise ****discussion with recent studies (last 5–10 years)****

5. Improve ****tables, graphs, and formatting****

6. Highlight ****novel contribution**** clearly

7. Follow ****journal guidelines strictly****

****5. Final Recommendation****

****MAJOR REVISION REQUIRED****

****Reviewer's Comment to Editor****

The manuscript addresses a clinically relevant topic; however, it suffers from ****major methodological, statistical, and language deficiencies****. Substantial revision is required before it can be reconsidered for publication.

****Optional Insight (Very Important)****

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If revised properly (especially statistics + language), this paper can become:

* **Acceptable in our journals**

* Otherwise, high chance of **rejection**

**MAJOR REVISION JUSTIFICATION **

ABSTRACT

****Line 5–7 (Background)****

* ☐ Sentence structure unclear and grammatically incorrect (“clinically palpable thyroid nodule”).

* ☐ Objectives are repetitive and not sharply defined.

* *Revision needed:* Rewrite for clarity and precision.

****Line 8–10 (Methods)****

* ☐ “This is a prospective, diagnostic study. The study period...” → spacing/grammar error.

* ☐ No mention of:

* Sample size calculation

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* Statistical methods

* ***Major issue:** Incomplete methodology in abstract.

****Line 11–14 (Results)****

* ☐ Only descriptive results given.

* ☐ Missing:

* Sensitivity

* Specificity

* Diagnostic accuracy

* ***Major flaw:** Abstract lacks key statistical outcomes.

****Line 15–21 (Conclusion)****

* ☐ Overgeneralized statements (“USG is investigation of choice”).

* ☐ Not fully supported by presented data.

* ***Needs revision:** Should be concise and evidence-based.

**INTRODUCTION**

****Line 25–27****

* ☐ Basic textbook information (not needed in research paper).

* ***Reduce and focus on research gap.***

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****Line 28–35****

- * ☐ Long, poorly structured sentences.
- * ☐ Referencing style inconsistent.
- * *Needs rewriting and proper citation formatting.*

****Line 50–56****

- * ☐ Research gap not clearly defined.
- * ☐ No justification of why this study is needed.
- * *Critical issue:* Weak rationale → affects novelty.

**AIMS OF THE STUDY (Line 58–66)**

- * ☐ Redundant objectives (repetition of same idea in multiple points).
- * ☐ Not concise or hypothesis-driven.
- * *Needs restructuring into 2–3 clear objectives.*

**MATERIALS AND METHODS**

****Line 68–70****

- * ☐ Grammar errors (“The study period is from...”).

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* ☐ No ethical approval mentioned.

* *Major ethical omission.*

****Line 71–76 (Inclusion/Exclusion)****

* ☐ Criteria too vague.

* ☐ No operational definitions.

* *Needs clarification.*

****Line 78–82 (Equipment)****

* ☐ Acceptable but overly detailed.

* *Can be shortened.*

****Line 83****

* ☐ Consent mentioned but:

* No ethics committee approval

* *Major issue (mandatory for publication).*

****Line 84–104 (Procedure)****

* ☐ Excessively descriptive (textbookstyle).

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* ☐ Not focused on study-specific methodology.

* ☐ No mention of:

* Blinding

* Interobserver variability

* *Needs major condensation and scientific focus.*

RESULTS

Line 105–108

* ☐ Only descriptive statistics.

* ☐ No statistical testing.

* *Major flaw.*

Line 111–117

* ☐ Gender distribution given, but:

* No statistical significance tested

* *Incomplete analysis.*

Line 120–126

* ☐ Data presented but poorly interpreted.

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* ☐ No confidence intervals or significance values.

* *Needs statistical validation.*

****Table (Line 129–145)****

* ☐ P-values mentioned but:

* No test specified

* No methodology described

* *Major statistical inconsistency.*

****Graphs****

* ☐ Poor labeling and formatting.

* ☐ Not publication quality.

* *Needs redesign.*

**SUMMARY (Line 146–161)**

* ☐ Repetition of results section.

* ☐ No added scientific value.

* *Can be removed or merged.*

**CONCLUSION (Line 163–173)**

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* ☐ Overstated claims:

* "Imaging modality of choice"

* ☐ Not fully supported by statistical evidence.

* *Needs evidence-based revision.*

DISCUSSION (Line 175–191)

* ☐ Very weak critical analysis.

* ☐ Mostly comparison without interpretation.

* ☐ No recent references (last 10 years missing).

* ☐ No explanation of discrepancies.

* *Major revision required.*

REFERENCES (Line 192–245)

* ☐ Mostly outdated (pre2005).

* ☐ Formatting inconsistent.

* ☐ Missing recent guidelines (ATA, ACR TIRADS).

* *Needs complete update.*

FIGURES (Line 250–259)

* ☐ No proper legends.

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* ☐ No figure numbering standardization.

* ☐ Image quality not discussed.

* *Needs improvement.*

****OVERALL MAJOR ISSUES (SUMMARY)****

Critical Reasons for MAJOR REVISION:

1. ☐ ****No diagnostic accuracy statistics**** (most important flaw)

2. ☐ ****Poor language and grammar****

3. ☐ ****Weak methodology (no ethics, no sample calculation)****

4. ☐ ****Low novelty****

5. ☐ ****Poor data presentation****

6. ☐ ****Weak discussion****

7. ☐ ****Outdated references****

****FINAL REVIEW DECISION****

****MAJOR REVISION REQUIRED****

****Reviewer Final Comment****

The manuscript addresses a clinically relevant topic; however, ****serious deficiencies in statistical analysis, methodology, language, and scientific presentation**** limit its suitability for publication in its current form. Substantial revision is required.

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