

Review of: "[Short Communication] Individual opinions on the excessive and under diagnosis and treatment of thyroid cancer"

Karthik Rao¹

¹ All India Institute of Medical Sciences Raipur

Potential competing interests: No potential competing interests to declare.

The Author has described the problem of over diagnosing thyroid nodules, leading to more surgeries and pathological diagnoses of thyroid cancers. The Author denotes the inadequacies in the pathological nomenclature of borderline thyroid lesions and the excessive treatment of low-grade and micropapillary thyroid cancer. This has been highlighted by Prof Akira Miyauchi and Prof Ito of Kuma Hospital in Japan in their series, comprising 5646 cases over 30 years. They did not find any difference in the survival between the active surveillance and immediate surgery group for the patients with low-risk micro papillary thyroid cancer¹. The recent American guidelines for managing differentiated thyroid cancers were published in 2015, and the revised guidelines are in the works.

The Author also describes the problem of underdiagnosis concerning pathological standpoint leading to substandard treatment. As highlighted, this occurs mainly due to low incidence and overlapping cytological features of specific pathologies. It is advisable to complete the cytological diagnosis after immunohistochemical (IHC) analysis, but we must understand that using multiple IHC markers can be expensive and may not always yield the diagnosis. The treatment of a patient must be individualised and evidence-based. A good clinician always correlates clinical, radiological, and pathological findings and then offers a standard evidence-based treatment. The treatment must be discussed well with the patient, and the patient's choice must be honoured.

We must also understand that there is a substantial difference of opinion among the treating surgeons as the thyroid is treated by head neck surgeons, endocrine surgeons, general surgeons, otorhinolaryngologists, surgical oncologists, interventional radiologists (radio-ablation) and endocrinologists (radio-ablation).

A worldwide consensus guideline is essential to ensure that all the treating specialities provide quality, evidence-based patient care.

1. Miyauchi A, Ito Y, Fujishima M, Miya A, Onoda N, Kihara M, et al. Long-term outcomes of active surveillance and immediate surgery for adult patients with low-risk papillary thyroid microcarcinoma: 30-year experience. *Thyroid Off J Am Thyroid Assoc.* 2023 May 11;