Ann Surg Oncol (2019) 26:307–308
https://doi.org/10.1245/s10434-018-6953-0

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

LETTER – ENDOCRINE TUMORS

Reply to "Impact of Noninvasive Follicular Thyroid Neoplasm with Papillary-Like Nuclear Features (NIFTP) on the Outcomes of Lobectomy"

Rajshri M. Gartland, MD, MPH and Carrie C. Lubitz, MD, MPH

Department of Surgery, Harvard Medical School, Massachusetts General Hospital, Boston, MA

TO THE EDITOR

We thank Dr. Rosario for his thoughtful comments regarding the findings of our recent publication.[1] He raises an important point about the impact of a diagnosis of noninvasive follicular neoplasm with papillary-like nuclear features (NIFTP) on oncologic outcomes after lobectomy versus total thyroidectomy for low-risk papillary thyroid cancer (PTC). As stated in our paper, retrospective reclassification and exclusion of noninvasive encapsulated follicular variant of PTC (EFVPTC) cases is not possible, and thus our systematic review was based on the best available evidence to date. Certainly, future prospective analysis of disease-free recurrence and survival of low-risk PTC that excludes cases of NIFTP will be important to fully understand the oncologic impact of this change.

That said, even if cases of NIFTP were inadvertently included in the low-risk PTC cohorts, we do not believe the impact on choice of surgery would be as significant as suggested given that the ability to preoperatively diagnosis NIFTP is limited, necessitating at least a lobectomy for definitive diagnosis, and given that NIFTP is often an incidental diagnosis after total thyroidectomy is performed for other indications. We recently studied the impact of an NIFTP diagnosis on extent of surgery by examining 10 years of thyroid cancer data from our institution.[2] Theoretically, the change in diagnosis from a cancer (noninvasive EFVPTC) to a non-cancer (NIFTP) should result in fewer total thyroidectomies. However, when we applied current guidelines on the reduced indications for completion thyroidectomy to the large proportion of patients who have contralateral disease (and therefore undergo total thyroidectomy initially), the potential impact of this change with regard to extent of surgery was limited to approximately 3.2% of patients with PTC compared with the projected potential impact on 18.6% of all patients with PTC worldwide. Thus, although we agree that an NIFTP diagnosis clearly has implications on oncologic outcomes, it is impossible to know whether the lobectomy group included a significantly greater proportion of NIFTP patients versus the total thyroidectomy group. While informative, an accurate estimation cannot be made based on the study by Rajjoub et al.[3] In this study, the authors included both NIFTP and invasive non-encapsulated FVPTC cases within their comparison group. In this context, FVPTC also encompasses both invasive encapsulated and invasive non-encapsulated FVPTC cases that are clinicopathologically distinct entities from NIFTP.

We look forward to future studies that prospectively characterize the molecular and oncologic behaviors of low-risk PTC after meaningful exclusion of NIFTP. We appreciate the thoughtful commentary and the opportunity to respond.

Sincerely,
Rajshri M. Gartland, MD, MPH
Carrie C. Lubitz, MD, MPH

DISCLOSURES Rajshri M. Gartland and Carrie C. Lubitz report no potential conflicts of interest.

First Received: 14 October 2018;
Published Online: 25 October 2018

C. C. Lubitz, MD, MPH
e-mail: clubitz@partners.org

REFERENCES

1. Gartland RM, Lubitz CC. Impact of extent of surgery on tumor recurrence and survival for papillary thyroid cancer patients. *Ann Surg Oncol*. 2018;25:2520–5.
2. Mainthia R, Wachtel H, Chen Y, Mort E, Parangi S, Sadow PM, et al. Evaluating the projected surgical impact of reclassifying noninvasive encapsulated follicular variant of papillary thyroid cancer as noninvasive follicular thyroid neoplasm with papillary-like nuclear features. *Surgery*. 2018;163(1):60–5.
3. Rajjoub SR, Yan H, Calcatera NA, et al. Thyroid lobectomy is not sufficient for T2 papillary thyroid cancers. *Surgery*. 2018;163(5): 1134–43.