



Letter to the editor

Letter to the Editor regarding, “Total thyroidectomy versus lobectomy for intermediate-risk papillary thyroid carcinoma: A single-institution matched-pair analysis”


Dear Editor,

We have been greatly interested in the study conducted by Liu et al. titled “Total thyroidectomy versus lobectomy for intermediate-risk papillary thyroid carcinoma: A single-institution matched-pair analysis”, published in the Oral Oncology journal in January of 2019 [1]. We would like to take this opportunity to present our views and opinions on this study, especially as we believe that this study holds potential future value and need to be improved in the upcoming study.

The management of intermediate-risk papillary thyroid carcinoma (PTC)

A primary matter is regarding the purpose of the current study. The authors stated the purposes of the study was to examine the association between the different extent of surgery and clinical outcome of patients with intermediate-risk PTC. No advantages of total thyroidectomy (TT) over lobectomy were found with respect to recurrence-free survival or disease-specific survival in patients with intermediate-risk PTC. Only a few portions of patients with PTC received post-TT radioiodine ablation (RAI) therapy (62/341 patients, 18.2%) after case-control matching. However, according to 2015 ATA guideline, RAI adjuvant therapy should be considered after total thyroidectomy in ATA intermediate risk level differentiated thyroid cancer patients (Recommendation 51. Weak recommendation, Low quality evidence). Previous studies revealed that post-TT RAI therapy may be beneficial for intermediate-risk PTC patients. Ruel et al. [2] analyzed 21,870 intermediate-risk PTC patients who underwent total thyroidectomy with/without RAI in National Cancer Database (1998–2006). After adjustment for demographic and clinical factors, RAI was associated with 29% and 36% reduction in the risk of death in all patients and age < 45 years, with a hazard risk 0.71 ($P < 0.001$) and 0.64 ($P = 0.016$), respectively. Therefore, they recommended these patients should be considered for RAI therapy. And, a recent study conducted by Sun et al. [3] revealed that post-TT RAI therapy was associated with improved overall survival (OS) in PTC patients with pN1 disease after a propensity score analysis was conducted in 12,128 patients in the Surveillance, Epidemiology and End Results database between 2004 and 2013. Therefore, a randomized prospective cohort study on the extent of surgery/post-TT RAI and clinical outcomes in intermediate-risk PTC patients should be conducted to further validate the authors' finding.

Molecular analysis

Another major limitation of this study is absence information of molecular analysis of enrolled patients. Various genes have been investigated for their prognostic value in PTC patients. BRAF^{V600E} and TERT mutation has been reported to be associated with poor prognosis in PTC patients [4–7]. Therefore, we recommend Liu et al. included these potential prognostic factors in the future study.

We believed that the study conducted by Liu et al. is a valuable addition to the existing data to the existing research on the subjects. We hope that authors could address these concerns in the future study and act as a valuable evidence for better precise treatment for patients with intermediate-risk PTC.

Abbreviations

PTC, papillary thyroid carcinoma; ATA, American Thyroid Association; OS, overall survival; RAI, radioiodine ablation; TT, total thyroidectomy.

Competing interests

Authors declared no competing interests in the study.

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