



Time for a New Appraisal of the Management of Thyroid Nodules

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Letter to Editor

Brazilian National Institute of Cancer (INCA) estimates an incidence of 1.570 new thyroid tumors in males and 8.040 in females for each year of the 2018-2019 biennium, with an appraised risk of 1.49 and 7.57 cases per 100.000 men and women, respectively [1]. As represented in (Figure 1), thyroid cancer is the fifth most common tumor in women.

The incidence varies considerably among different regions [1]. Well-developed regions, such as the Southeast, presents 9.75 cases/100 thousand women, in contrast with only 2.80/100 thousand women from the poorer north part of the country [1]. The remarkable geographic variation and sex disparity in thyroid cancer rates observed across the regions may reflect differences in ascertainment, diagnosis, treatment, and death certification of this disease, as well as healthcare access. The same phenomenon has been observed in other Latina American countries [2]. However, it is north worthy that mortality rates have declined in Brazil, likewise observed in many other countries, suggesting there is widespread over diagnosis (detection of tumors that will not cause clinical illness or death) [3,4].

New detection techniques, in addition to the very sensitive ultrasound equipment largely available and accessible to the general population at relatively low cost now routinely reveal small tumors of the prostate, breast, kidney and lung. These diagnoses may raise anxiety not only to the patient and his family, but also to the physician. The easiest and more practical way to deal with the situation is often immediate surgery, and, in the case of thyroid tumors, the procedure is often followed by unnecessary and even harmful radioiodine administration. The burden of such interventions has dramatically increased in the part years. An increasing number of individuals are condemned to long-life levothyroxine replacement, not mentioning the individuals that may have the sequelae of vocal cord paralysis or even hypoparathyroidism.

In fact, recent data from South Korea suggest that the epidemic of thyroid tumors observed in this country dramatically dropped to before ultrasound screening levels after a group of physicians, supported by the media, and led a campaign against routine screening for thyroid cancer [5,6].

In fact, the United State Preventive task Force (USPTF) recommends against screening for thyroid cancer in asymptomatic adults and the American Thyroid Association advice refraining from biopsying small thyroid nodules [7,8].

The use of quantitative criteria such as the ones employed in the TI-RADS classification of the American College of Radiology (Figure 2) may help select better nodules that are suspected [9].

There is an urgent need for a new appraisal of the management of thyroid nodules ant thyroid tumors. Active surveillance should be considered for thyroid nodules and for papillary cancers. In

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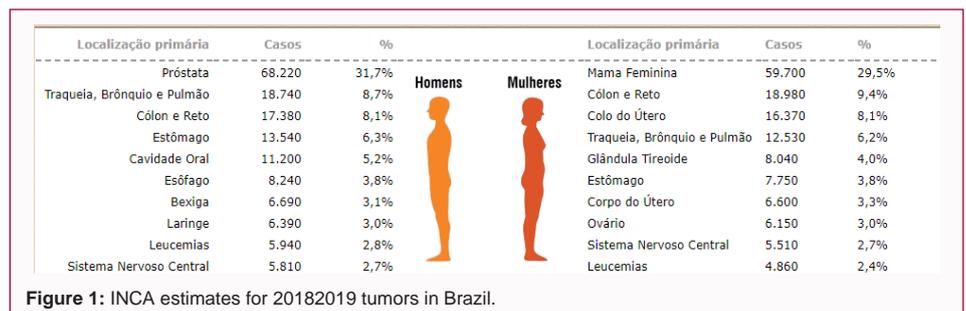


Figure 1: INCA estimates for 2018-2019 tumors in Brazil.

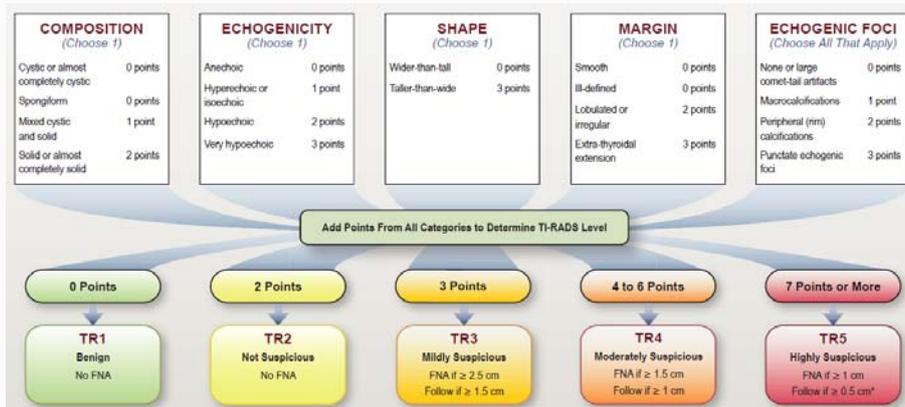


Figure 2: TI-RADS classification of the American College of Radiology.

addition, it is very important to make clear to the patients that choose immediate intervention that less aggressive procedures, including lobectomy over total thyroidectomy, are the more convenient choices.

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