

patient with PTC. It is clear that three or more suspicious features greatly increase the risk of PTC (2) in a nodule. This study suggests that three or more features increase the risk of the BRAF V600E mutation, ETE, and metastatic nodes. At this point, I would not use the US appearance to infer BRAF V600E status. If multiple suspicious sonographic features are seen in a nodule, I would consider testing for the mutation on the FNA biopsy and performing a careful sonographic evaluation for metastatic neck nodes and extension of the tumor outside the thyroid. Although some

investigators (3,4) have suggested using the presence of BRAF V600E mutation to direct surgery (level VI node dissection, total vs. lobectomy), this has not yet been tested and shown to impact patient outcomes. A future large multi-institution study showing the utility of using preoperative BRAF V600E status to direct surgery will be needed before current guidelines for the management of thyroid cancer are altered.

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