

RISK OF MALIGNANCY MAY BE HIGHER IN CYTOLOGICALLY SUSPICIOUS THYROID NODULES THAT ARE SMALLER OR MULTIPLE

not be clinically important. The increased risk of thyroid cancer in patients taking thyroid hormones is interesting based on the number of studies suggesting that the risk of thyroid malignancy is associated with higher TSH values, even within the normal range (1).

The take-home message is that this type of study is difficult even at an elite institution with excellent electronic medical records. This paper strengthens my opinion that clinical characteristics will not identify all patients who have cancer with a suspicious biopsy. The selection of patient with suspicious biopsies

who should have surgery may rest with other characteristics of the nodule, including ultrasound characteristics (2, 3), mutational analysis, including BRAF (4, 5), gene expression (6), elastography (7), and 18fluorodeoxyglucose–positron-emission tomographic hypermetabolic activity (8). It is not yet clear which of these tests is the most cost-effective method to prevent unnecessary surgery in patients with a suspicious FNAB.

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