





## MEDULLARY THYROID MICROCARCINOMAS HAVE SIGNIFICANT RATES OF POOR PROGNOSTIC FEATURES AND REQUIRE APPROPRIATE SURGICAL MANAGEMENT

The study raises the question of screening small nodules by measuring serum calcitonin in order to detect MTC at an early stage. This is a debatable topic because elevated serum calcitonin detected a 0.5 to 1.5% incidence of microMTC in several large European series of patients who were going to have surgery for nodular goiter, but not for small nodules. The data are summarized well in an editorial by Hodak and Burman, who concluded that calcitonin screening without evidence of a family history of

MTC yielded too many false positives associated with thyroiditis (1). In a review by Valle and Kloos of 24 autopsy series published from 21 countries, the average prevalence of occult microMTC was 0.14% (2). Finally, the current ATA guidelines “cannot recommend either for or against the routine measurement of serum calcitonin” for evaluation of thyroid nodules (3).

— Jerome M. Hershman, MD

### References

1. Hodak SP, Burman KD. Editorial: The calcitonin conundrum—is it time for routine measurement of serum calcitonin in patients with thyroid nodules? *J Clin Endocrinol Metab* 2004;89:511-4.
2. Valle LA, Kloos RT. The prevalence of occult medullary thyroid carcinoma at autopsy. *J Clin Endocrinol Metab*. 2011;96:E109-E113.
3. Cooper DS, Doherty GM, Haugen BR, Kloos RT, Lee SL, Mandel SJ, Mazzaferri EL, McIver B, Pacini F, Schlumberger M, et al. Revised American Thyroid Association management guidelines for patients with thyroid nodules and differentiated thyroid cancer. *Thyroid*. 2009;19:1167-214.