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Reply:

E.M. Genden

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Reply:

The American Thyroid Association guidelines for the management of patients with thyroid nodules¹ outlines the role of sonography and fine-needle aspiration for the evaluation of thyroid nodules. Our work and the work of others²⁻⁴ suggest that fluorodeoxyglucose-positron-emission tomography (FDG-PET) positivity is associated with a significant risk of malignancy, not unlike the cytologic reading of “indeterminate cytology,” which, according to the task force (R9, recommendation B), states that a “lobectomy or total thyroidectomy should be considered.”¹ We support the work of the American Thyroid Association and believe that FDG-PET positivity simply represents an adjunct to sonography and cytology for the risk assessment of a patient with a thyroid nodule. We do not advocate thyroidectomy for patients with benign cytology and retract any implication of such; however, we do inform patients of the data on FDG-PET positivity—after all, the false-negative rate for fine-needle aspiration of thyroid nodules is higher than the false-positive rate. The American Thyroid Association recommends that a lobectomy or total thyroidectomy be considered for indeterminate cytology, which is associated with a 5%–10% risk of malignancy. Do we feel comfortable withholding surgical

intervention when FDG-PET positivity is associated with a 25%–50% risk of malignancy?

References

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