AUTHORS' REPLY

Controversy on papillary thyroid microcarcinoma management

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We would like to thank our colleagues Dr Ito and Dr Miyauchi for their comments and clarification (Is surgery necessary for papillary thyroid microcarcinomas? *Nat. Rev. Endocrinol.* **8**, doi:10.1038/nrendo.2011.140-c1)¹ to our Review (Advances in surgical therapy for thyroid cancer. *Nat. Rev. Endocrinol.* **7**, 581–588; 2011).² We acknowledge their contribution to the discussion on the optimal management of papillary thyroid microcarcinoma (PTMC), and we believe that their data on conservative management of such cancers are invaluable. In our paper we aimed to present the data in an objective manner while giving equal weight to the different management approaches advocated by different surgeons across the world.

Discussing all the details of the sentinel paper by Ito, Miyauchi and collaborators³ was beyond the scope of our Review. We did not intend to imply that their data show that microcarcinoma is often progressive and that immediate surgery such as total thyroidectomy is recommended. We strictly adhered to the facts presented in their study

and specifically made no interpretation of the data. We do acknowledge that only 1.2% of patients in the observation group developed lateral lymph node metastasis (as opposed to the 12.3% rate of central lymph node involvement that we quoted), and that a large portion of the patients who chose to undergo surgery did so for reasons other than carcinoma progression. Our text was revised to reflect these aspects.

Currently, most PTMCs are asymptomatic and are identified either as incidental findings on imaging scans or upon final histopathological examination. For the latter group the observation option is not relevant. We strongly believe that improved imaging will raise further discussion on PTMC management, as the diagnosis of such tumors before initial surgery will increase. We also believe that, in the future, novel molecular assays will assist in tailoring the appropriate approach to specific patients, as we noted in our paper.

We commend our colleagues in Japan for their conservative approach and more so for critically analyzing their results time and

again. Nevertheless, we found it important to reflect the current management of PTMC in other countries, given that variability exists, as demonstrated by the different guidelines. We hope that we objectively described the controversy regarding the optimal treatment of PTMC.

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Competing interests

The authors declare no competing interests.

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3. Ito, Y. et al. An observation trial without surgical treatment in patients with papillary microcarcinoma of the thyroid. *Thyroid* **13**, 381–388 (2003).