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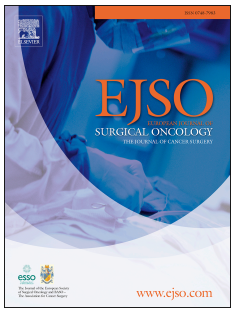

Influence of specialized clinic on initial treatment choice in localized thyroid cancer

Hui Sun, Gianlorenzo Dionigi

PII: S0748-7983(18)31329-5

DOI: 10.1016/j.ejso.2018.05.040

Reference: YEJSO 5084

To appear in: *European Journal of Surgical Oncology*

Received Date: 20 May 2018

Accepted Date: 23 May 2018

Please cite this article as: Sun H, Dionigi G, Influence of specialized clinic on initial treatment choice in localized thyroid cancer, *European Journal of Surgical Oncology* (2018), doi: https://doi.org/10.1016/j.ejso.2018.05.040.

Title

INFLUENCE OF SPECIALIZED CLINIC ON INITIAL TREATMENT CHOICE IN LOCALIZED THYROID CANCER

Type of Article

Commentary

AUTHORS

Hui Sun (1), Gianlorenzo Dionigi (2),

AFFILIATIONS

1. Jilin Provincial Key Laboratory of Surgical Translational Medicine, China Japan Union Hospital of Jilin University, Division of Thyroid Surgery, Changchun city, Jilin Province, China
2. Division for Endocrine and Minimally Invasive Surgery, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University Hospital G. Martino, University of Messina, Via C. Valeria 1, 98125, Messina, Italy

DECLARATIONS AND COMPLIANCE WITH ETHICAL STANDARDS

Funding: None

Conflict of Interest: All authors have no conflict of interest to disclose, and no other funding or financial relationship with the surgical industry.

Ethical approval: Not required.

Informed consent: Not required.

Acknowledgements: none

Availability of data and materials: Not required.

CORRESPONDING AUTHORS

Prof. Gianlorenzo Dionigi

1. Division for Endocrine and Minimally Invasive Surgery, Department of Human Pathology in Adulthood and Childhood "G. Barresi", University Hospital G. Martino, University of Messina, Via C. Valeria 1, 98125, Messina, Italy . E-mail: gdionigi@unime.it

ABSTRACT

Commentary on the paper published Ito Y, Miyauchi A, Oda H. Low-risk papillary microcarcinoma of the thyroid: A review of active surveillance trials. Eur J Surg Oncol. 2018 Mar;44(3):307-315. doi: 10.1016/j.ejso.2017.03.004. Epub 2017 Mar 16. Review. PubMed PMID: 28343733.

KEYWORDS

Thyroid cancer; active surveillance; low risk thyroid cancer; micro carcinoma

TEXT

We read with interest the paper by Ito Y, et al. "*Low-risk papillary microcarcinoma of the thyroid: A review of active surveillance trials*" (1). The manuscript rise significant additions for management of low-risk papillary thyroid microcarcinoma (1).

The majority of thyroid cancer diagnoses are made through tests requested by the primary care provider with subsequent treatment choice influenced by the type of specialist at first contact following referral.

Treatment decisions are also known to be influenced by “subjective” factors such as patient fear of surgery/active surveillance (AS), concern over disease progression if untreated, perceived “best” treatment, and different priorities of treatment benefits and risks (e.g. dysphonia, hypocalcemia).

Therefore, a considered approach to choosing the appropriate therapy for each patient requires balancing patient and disease characteristics (age, comorbidities and stage), life expectancy, and patient preference (2-5).

When asked what factors influenced treatment decision, patients make treatment choice based on the belief that it gave the best chance of curing their cancer.

The initial point of contact with the health care system is important.

In another paper of *Ito Y. et al*., the frequency of AS use was 65% (2). The frequency gradually increased from 30% in 1993-1997 to 88% in 2014-2016, with a slight decrease from 51% in 1998-2002 to 42% in 2003-2006 (2). Until 2007, patients were mostly seen by Kuma Hospital surgeons, and the frequency of AS use varied remarkably among individual surgeons. Since 2007, the number of patients whose therapeutic strategies are determined by Kuma Hospital endocrinologists has increased (2). Thus, at Kuma Hospital in Japan, acceptance of AS for low-risk PMC gradually increased over the 24-year study period (2).

It is understood that an inherent selection bias exists in a best practice clinic, in that the characteristics of the population under study influences the treatment options available to them. For Ito' studies population was closer proximity to Kuma major cancer thyroid centre (1, 2).

A specialized clinic for localized thyroid cancer may be associated with a higher likelihood of receiving AS as initial treatment compared to the thyroid cancer population in other Countries (1, 2).

We postulate that the information services provided at the patient education sessions are consistent with best practice. Treatment decisions made by patients after participating in the session were likely mediated by alleviating cancer information concerns around treatment efficacy and side-effects.

The higher proportion of patients that received AS is not a clinically meaningful difference but has a substantial impact on health system resource utilization.

It may be that in the context of benchmarking appropriate AS or surgery rates in general that the availability and accessibility of comparative information on treatment choices represents an unmet patient need.

Not addressing such gaps in care may lead to population level consequences involving health system resource allocation and patient outcomes (3-5).

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