

Comparison of Lobectomy vs Total Thyroidectomy for Intermediate-risk Papillary Thyroid Carcinoma with Lymph Node Metastasis

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Dear Editor,

We read with interest the articles by Xu et al.,¹ 'Comparison of Lobectomy vs Total Thyroidectomy for Intermediate-Risk Papillary Thyroid Carcinoma with Lymph Node Metastasis' and its invited commentary by Mulder and Duh² and we discussed it in our department Journal Club. We acknowledge both authors for their efforts to bring forth a relevant issue of de-escalation of surgical treatment in papillary thyroid cancer (PTC) which is indeed an indolent disease with a good prognosis.^{3,4} We recommend this article to members of Indian Association of Endocrine Surgeons (IAES).

This study has gone up and beyond the confines of the guidelines laid down by the American Thyroid Association on the management of Intermediate Risk PTC.⁵ This is the largest cohort till today and the use of propensity score matching aids in its retrospective, non-randomized study analysis. However, it provides only level II evidence and will need further prospective randomized controlled trials for validation.

We have some observations which might interest future readers. Aggressive histological variants which are classified as intermediate-risk PTC have been excluded from this study. Would that have influenced the recurrence-free survival and disease-specific survival rates? In developing countries like India, how feasible would it be to opt for a less aggressive surgical approach with more intensive follow-up and surveillance? Are similar favorable rates a possibility in resource-poor countries?

We would request comments of IAES members.

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