

# Improved outcomes for papillary thyroid microcarcinoma care: active surveillance and case volume

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In patients with thyroid cancer who undergo surgery as part of their overall care, the relationship between increased surgical case volume at the treating hospital and improved survival outcomes is well established.<sup>1,2</sup>

Surgery, however, represents one part of the modalities used today to treat thyroid cancer patients.

For radioactive iodine (RAI) therapy, the link between the provider's level of experience and patient outcomes has not been as well defined, but is equally important.<sup>3</sup>

Successful delivery of thyroid cancer therapy requires the navigation of a complex workflow process, which demands coordination between multiple team members to operate and provide uniquely designed treatment.

The opportunity for variation and deviation exists across a number of steps, including patient age, sex, tumor diameter, stage, multifocality, cancer definitive histology, biology and genetics, RAI treatment plan formulation, RAI dose prescription, image guidance, management of morbidities, recurrence and follow-up care, etc.

The introduction of active surveillance (AS) programs brings with it new steps and variables that require greater attentive direct strategy.<sup>4</sup>

As an increasing proportion of AS programs are proposed, understanding whether case volume could and should be incorporated into quality indicator design will be important.<sup>4</sup>

Indeed, the provision of optimal cancer care is a high-quality established multidisciplinary process that also draws upon the expertise of

endocrinology, pathology, radiology, nuclear medicine, nursing, and multiple ancillary services. In each of these arenas, opportunity for specialization within a specific AS program only exists with increased case volume.<sup>1–5</sup>

Disease-specific clinical pathways and care delivery interventions can only be developed if supported by sufficient clinical volume. Disease-specific multidisciplinary clinics are an example of one such care delivery intervention that enables coordinated and comprehensive patient evaluation that can result in improvement of the quality of care provided.<sup>1</sup> As an example, the proficiency of a thyroid cancer multidisciplinary board led to changes in therapeutic recommendations.

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## Conflict of interest statement

The authors declare that there is no conflict of interest.

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