



# Active Surveillance of Papillary Thyroid Microcarcinoma: A Mini-Review from Korea (*Endocrinol Metab* 2017;32:399-406, Tae Yong Kim et al.)

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We read with interest the paper by Prof. Kim and Shong, entitled “Active surveillance of papillary thyroid microcarcinoma: a mini-review from Korea,” published in the December 2017 issue of *Endocrinology and Metabolism* (Seoul) [1]. Overdetection and overtreatment are common in many areas of modern medicine. Several steps are needed to decrease overdetection: elderly subjects who are unlikely to benefit should not be screened, biopsies should not be performed without a compelling reason, the screening interval should be stratified by risk, and the focus should be on screening subjects at high risk for disease progression [1,2]. Treatment should be tailored to the biological characteristics of the tumor and the patient’s characteristics, and active surveillance (AS) should be offered to eligible patients with low-risk tumors, especially small-volume disease, as the first step in management [1-3]. Many low-grade papillary microcarcinomas are unlikely to progress to clinical symptoms, and pose a limited risk of death if left untreated [2]. Several AS criteria have been suggested for delayed treatment [4]. Although the upgrading and/or upstaging of cancer is a limitation of AS, recent reports have shown low rates of cancer-specific mortality [4].

Nevertheless, the long-term safety of AS depends on the clin-

cian’s ability to initiate timely delayed interventions in those who need them, and to avoid overtreatment in those who do not.

In contrast, with immediate surgery, early-stage tumors are excised at a more treatable stage, fewer patients develop metastatic disease, less extensive surgery (hemithyroidectomy) is more likely, and minimally invasive approaches are applied; additionally, there is no need for lifelong thyroid replacement therapy, consistent follow-up, or risk factor assessments, and low-dose or no radioactive iodine administration is needed [5]. The increasing use of minimally invasive surgery, including robot-assisted surgery, has contributed to better functional outcomes [5]. Well-designed long-term randomized studies will be required to compare the benefits of AS and immediate, minimally invasive hemithyroidectomy.

Thank you for the opportunity to present our reflections on this paper.

## CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

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