12th Congresso Nazionale AME & 6th Joint Meeting with AACE Bari, Italy, 7-10th November 2013



Molecular markers in thyroid cancer. Current role in clinical practice "Take home messages"

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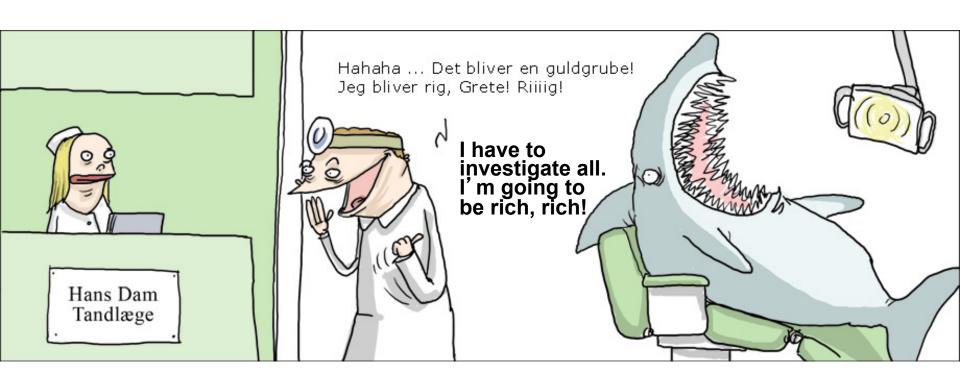
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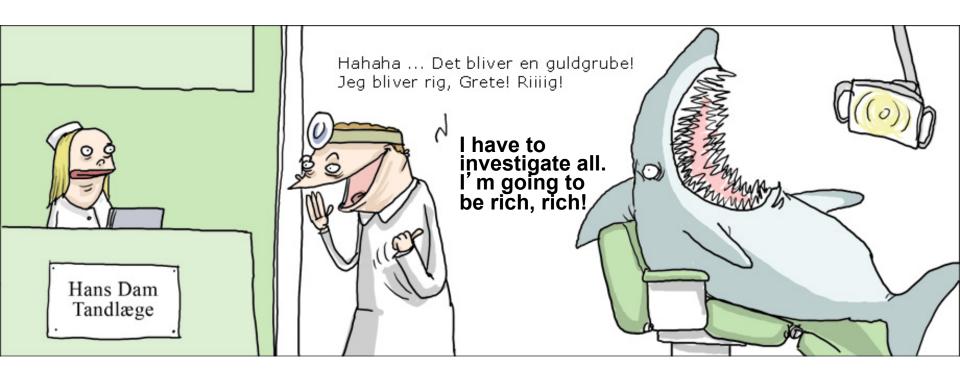
Odense, Denmark



Molecular markers in thyroid cancer (nodules?). Current role in clinical practice



Molecular markers in thyroid cancer (nodules?). Current role in clinical practice



Some basic questions:

- Are any of these malignant? That is, at initial evaluation
- Can we acccurately diagnose (rule in), or exclude (rule out) malignancy?
- If so, at what cost?
- Does it matter?
- Or, are we talking risk stratification once cancer has been diagnosed?

If this is the concept of surgery/surgeons, there is certainly room for improvement and alternatives



I told them it was benign!

- Benefits of surgery?
- Benefits of molecular markers?

Molecular markers in thyroid cancer. Current role in clinical practice?

- You want to discuss reimbursement of cost of molecular analyses for thyroid cancer
- You have sent a 500 page paper to the ministry of health. The minister has read the 2 page synopsis
- She has exceptionally granted you a 15 min. consultation
- The country is poor; she cannot be bribed; she distrusts (Italian) physicians
- She expects short clear answers on which to base her decision

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Minister of health, Beatrice Lorenzin, granted inaugural handshake with President Napolitano

Molecular markers in thyroid cancer. Current role in clinical practice?

- Which phenotype to target (one or more nodules?)
- Type and quantity of tissue needed (insufficiency rate? FNA?)
- Time for analyses
- Cost of analyses
- Sensitivity and specificity for thyroid cancer (false negative rate?)
- Type of cancer that can be diagnosed (most hazardous ones?)
- Necessity of time dependent repeat molecular diagnosis
- Expansion to other types of thyroid cancer (non-thyroid cancer?)
- Application on non-thyroid FNA
- Possibility of blood test
- Can you increase sensitivity, specificity and speed with lower cost?

Does molecular classification of thyroid neoplasias constitute a shift in paradigm?

Molecular classification?

Established management?



Reduction of superfluous surgery for benign thyroid neoplasias? Improve survival in thyroid malignancy? Increase overall quality of life without increase in cost?