Response to Letter to the Editor on COI for American Thyroid Association Statement on Surgical Application of Molecular Profiling for Thyroid Nodules

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on behalf of the ATA Surgical Affairs Committee Co-Chairs
and the Consensus Statement Writing Group

Dear Editor:

Drs. Kloos and Kennedy of Veracyte, Inc. (1) raise questions about the design, emphasis, and conflict disclosures of the article “American Thyroid Association statement on surgical application of molecular profiling for thyroid nodules: current impact on perioperative decision making” (2).

To respond concisely, the statement objectively emphasizes best available study designs, for example clearly describing the Veracyte publication as a prospective, multicenter, double-blinded study (3). The statement also presents in detail the relative importance and clinical utility of test parameters, such as sensitivity, specificity, and negative and positive predictive values, including the need to integrate imaging and clinical factors in any decision to utilize a molecular test as an adjunct to perioperative decision making.

Concerning the alleged “lack...of certain conflict disclosures,” it is important to emphasize in full transparency that, as stated in the statement itself, the first and senior authors work at the University of Pittsburgh, one of several institutions that contributed to the development of molecular testing of thyroid nodules. However, neither they nor any other author has, had, or plans to have a financial relationship with CBL Path, Inc. No conflict(s) of interest exist according to American Thyroid Association (ATA), institutional, National Institutes of Health, and journal guidelines, except as stated by two authors (T.J.F. and D.L.S.) in the publication itself.

The statement was conceived and commissioned by the co-chairs of the ATA Surgical Affairs Committee, and proceeded through open, transparent, and peer-reviewed content generation with a diverse writing group representing the diversity of scientific and clinical expertise. After full committee review and approval, the draft was forwarded to the ATA Board, who provided comment and approval. Through standard peer review at *Thyroid* (three revisions), it was then accepted and published. This extensive vetting process affirmed a balanced review, that all co-authors and the ATA Board felt was worthy of designation as a consensus statement, similar to documents from other ATA committees. As

such, the statement is not intended to serve as “guidelines,” and is not generated according to the same standard of data/evidence, as routinely accompany actual recommendation strength in the ATA Guidelines.

We thank Drs. Kloos and Kennedy for describing this consensus statement as providing “practice-changing guidance.” We set out to write an objective, balanced review of the complex evidence, while accommodating multiple opinions, for application to clinical decision making in an open and consensus-building process. We believe we have accomplished this goal.

References

1. Kloos RT, Kennedy GC 2015 Response to “American Thyroid Association statement on surgical application of molecular profiling for thyroid nodules: current impact on perioperative decision making.” *Thyroid* [Epub ahead of print]; DOI: 10.1089/thy.2015.0372.
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3. Alexander EK, Kennedy GC, Baloch ZW, Cibas ES, Chudova D, Diggans J, Friedman L, Kloos RT, LiVolsi VA, Mandel SJ, Raab SS, Rosai J, Steward DL, Walsh PS, Wilde JJ, Zeiger MA, Lanman RB, Haugen BR 2012 Preoperative diagnosis of benign thyroid nodules with indeterminate cytology. *New Engl J Med* **367**:705–715.

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