What has changed with 2015 American Thyroid Association Management Guidelines

Taner Kivılcım¹, Atakan Sezer², Özer Makay³

Dear Editor,

The aim of clinical guidelines has been explained as “systematically developed statements to assist provider and patient decisions regarding appropriate healthcare for specific clinical circumstances” by Field and Lohr in 1990. In the last 20 years, clinical guidelines evolved from expert opinions to evidence based medical data (1).

Especially after the introduction of high resolution ultrasound, thyroid nodules have become a frequently encountered clinical problem (2). The clinical importance of thyroid nodules arises from the malignancy rate of 7-15% (3, 4).

ATA (American Thyroid Association) has published “Treatment Guidelines for Patients with Thyroid Nodules and Differentiated Thyroid Cancer (DTC)” in 1996, and the first “ATA Thyroid Nodules and Differentiated Thyroid Cancer Guidelines” in 2006. The first update was published in 2009 while the most recent update was reported in *Thyroid* (DOI:10.1089/thy.2015.0020) in the beginning of 2016 as the “2015 Guidelines”. Just to compare these guidelines roughly with numbers; while the guideline in 2009 consisted of 48 pages and 437 references, the recent update involves 411 pages, including 1078 references. With this update, 8 new questions, 21 new suggestions, and significant alterations in 21 suggestions has been ascertained (5, 6).

Since this detailed guideline points out the management of thyroid nodules and differentiated thyroid cancer cases, we aimed to express the changes in the guideline and share it in Turkish for surgeons in Turkey, to update their knowledge. These guidelines should be assessed as supplementary knowledge, more than concern for judgement for sure. The clinician should be aware that, while interpreting, the economic potentials were not brought in focus and that international conditions that could differ were not taken into consideration during the preparation of these guidelines. The following link is to access the review: <http://www.ulusalcerrahidergisi.org/ozet/1450>

REFERENCES

1. Harrison MB, Graham ID, van den Hoek J, Dogherty EJ, Carley ME, Angus V. Guideline adaptation and implementation planning: a prospective observational study. *Implement Sci* 2013; 8:49. [CrossRef]
2. Guth S, Theune U, Aberle J, Galach A, Bamberger CM. Very high prevalence of thyroid nodules detected by high frequency (13 MHz) ultrasound examination. *Eur J Clin Invest* 2009; 39: 699-706. [CrossRef]
3. Hegedus L. Clinical practice. The thyroid nodule. *N Engl J Med* 2004; 351: 1764-1771. [CrossRef]
4. Siegel R, Ma J, Zou Z, Jemal A. Cancer statistics, 2014. *CA Cancer J Clin* 2014; 64: 9-29. [CrossRef]
5. American Thyroid Association (ATA) Guidelines Taskforce on Thyroid Nodules and Differentiated Thyroid Cancer, Cooper DS, Doherty GM, Haugen BR, Kloos RT, Lee SL, et al. Revised American Thyroid Association management guidelines for patients with thyroid nodules and differentiated thyroid cancer. *Thyroid* 2009; 19: 1167-1214. [CrossRef]
6. Haugen BR, Alexander EK, Bible KC, Doherty GM, Mandel SJ, Nikiforov YE, et al. 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. *Thyroid* 2016; 26: 1-133. [CrossRef]

¹Department of General Surgery, Okan University School of Medicine, Istanbul, Turkey

²Department of General Surgery, Trakya University School of Medicine, Edirne, Turkey

³Department of General Surgery, Ege University School of Medicine, İzmir, Turkey

Address for Correspondence

Özer Makay

e-mail: ozer.makay@ege.edu.tr

Received: 30.09.2016

Accepted: 03.10.2016

©Copyright 2016
by Turkish Surgical Association
Available online at
www.ulusalcerrahidergisi.org