Regarding Dettloff et al. “Mammary Analog Secretory Carcinoma (MASC) Involving the Thyroid Gland: A Report of the First Three Cases”

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Dear Sir,

We read with great interest the July, 2016 publication by Dettloff et al.: “Mammary Analog Secretory Carcinoma (MASC) Involving the Thyroid Gland: A Report of the First Three Cases” in *Head and Neck Pathology* [1].

We respectfully would like to correct the authors regarding their headline statement that the three patients they report are the “first three cases”. This is incorrect. Chronologically, Stevens et al. [2] reported the first patient with MASC in August, 2015; then our group in April, 2016 (in *Head and Neck Pathology*) reported a second patient with MASC arising in the thyroid and described the exon breakpoints in the ETV6-NTRK3 fusion as identical to the classic exon breakpoints in papillary thyroid carcinoma harboring an ETV6-NTRK3 fusion [3]; then subsequently in June, 2016 Dogan et al. reported three patients with MASC of the thyroid in the journal, *Modern Pathology* [4]; and then in July 2016, Dettloff et al. re-reported the first patient (a 55 year old woman who had been previously described by two of the authors in 2015 [2] adding two new patients in their July 2016 paper [1]). While seemingly a trivial point, accuracy is important regarding precedence of publication. We appreciate that Drs. Dettloff et al. referenced our case report (which preceded two of their three cases in publication), but the assertion that they have the “first three cases” is again, inaccurate. Of course, the correct diagnosis of MASC in the thyroid is only made possible by the insightful work of Skalova and colleagues who originally described MASC of the salivary glands in

2010 further refining features of the entity in an ongoing fashion [5–7].

Thus far (as of August, 2016), seven patients have been reported with primary MASC of the thyroid. These are too few cases to extrapolate typical features and best treatment options. However, ominously, our patient, a 36 year old woman, succumbed to complications of widespread metastatic disease 8.9 years after her initial diagnosis. This was after she was treated with surgical resection, radioactive iodine and a tyrosine kinase inhibitor. She developed metastases after several local recurrences and never showed histologic evidence of high grade transformation. One other patient has also died of disease, a 74 year old man with a histologically high grade tumor who died 12 months after initial diagnosis [1]. Thus, it is vital that patients with MASC of the thyroid be correctly identified and followed closely over the long term. Furthermore, for patients with advanced disease, consideration should be given for novel therapies including NTRK inhibitors, as radioactive iodine does not appear to be effective treatment, at least in our patient.

Respectfully,
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