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disease possibly will not result in the same results as achieved at this premier institution for thyroid cancer care. I cannot conclude that patients with iodine-avid distant disease will be adequately treated with rhTSH and empirical doses of RAI, but it is fair to say that a four-dose rhTSH-stimulated dosimetry-

determined treatment with RAI for a patient with RAI-avid metastatic disease appears to be a reasonable alternative to traditional thyroid hormone withdrawal RAI treatments.

— **Stephanie L. Lee, MD, PhD**

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radioiodine scans (2). ¹⁸F-FDG-PET/CT also is useful, though somewhat limited, in the evaluation of thyroid nodules with suspicious features on ultrasound.

The ATA guidelines state that patients with nondiagnostic FNA should get a second FNA that is ultrasound-guided (2). The second FNA should be performed 3 months after the initial test (3). If the nodule is partially cystic with some suspicious characteristics, one may elect to follow the patient closely or recommend surgical excision, whereas a solid nodule should be more strongly considered for surgical evaluation after two nondiagnostic FNAs (2, 3). FNA is nondiagnostic in 5% to 20% of cases (4) and repeat FNA under ultrasound guidance may provide a diagnostic specimen in 75% of solid nodules and 50% of cystic nodules (5). A third ultrasound-guided FNA is less likely to be diagnostic.

Because only 6% to 20% of patients who have thyroid nodules with nondiagnostic FNA results have thyroid cancer (6, 7), the vast majority of the patients are subjected to unnecessary surgery to rule out malignancy. Negative results on ¹⁸F-FDG-PET/CT may be a cost-effective way to avoid unnecessary surgery.

— **Muhammad Salman ul Haq, MD**
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— **Jerome M. Hershman, MD**

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AFTER IODINE-131 THERAPY FOR DIFFERENTIATED THYROID CANCER, INFERTILITY IS LOW AND OBSTETRICAL AND NEONATAL OUTCOMES ARE VERY GOOD

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ADDISON'S DISEASE IS MORE CLOSELY ASSOCIATED WITH HASHIMOTO'S THAN WITH GRAVES' DISEASE

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The finding that higher nitrate intake increases the risk for thyroid cancer in men but not in women requires explanation. The same group found a significant association of nitrate intake with thyroid cancer in older women in Iowa (2) and could not offer an explanation for not corroborating this finding in

the present larger study. I agree with the conclusion that the role of nitrate in thyroid carcinogenesis is worthy of further study.

— Jerome M. Hershman, MD

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