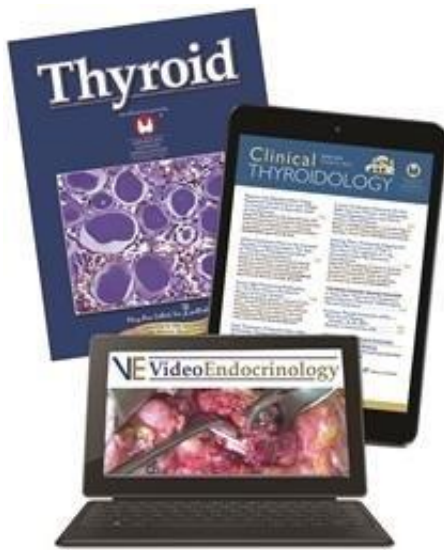


# New guidelines for managing thyroid nodules and differentiated thyroid cancer in adults

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Credit: Mary Ann Liebert, Inc., publishers

New, evidence-based recommendations from the American Thyroid Association (ATA) will help guide clinicians in managing patients with thyroid nodules, a common disorder that requires evaluation to distinguish benign nodules from malignancy, interpret biopsy results and molecular marker studies, and initiate risk assessment and cancer screening. The new ATA guidelines, which also focus on the diagnosis and management of differentiated thyroid cancer (DTC), an increasingly prevalent form of cancer, are published in *Thyroid*. The guidelines are available free on the *Thyroid* website.

The "[2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer](#)" are coauthored by the ATA Guidelines Taskforce on Thyroid Nodules and DTC, led by Chair Bryan Haugen, MD, University of Colorado School of Medicine, Aurora. Significant scientific advances in this field since the previous [guidelines](#) were released in 2009 have led to revised recommendations regarding the initial evaluation, biopsy criteria and interpretation of biopsy results, use of molecular markers, and management of benign [thyroid nodules](#). The new guidelines for initial management of [thyroid cancer](#) focus on screening, staging, and [risk assessment](#); surgical approaches; radioiodine therapy; and thyroid stimulating hormone (TSH) suppression using levothyroxine. For long-term management of DTC, the recommendations include guidance on surveillance for recurrent disease using imaging and serum thyroglobulin, thyroid hormone therapy, management of recurrent and metastatic disease, when to consider participation in clinical trials or use of targeted/personalized therapies, and directions for future research.

"The updated guidelines integrate an impressive amount of new information and significant advances which impact the management of patients presenting with thyroid nodules and [thyroid](#) cancer. They provide a superb framework for the evaluation, treatment, and surveillance of these patients. Importantly, the guidelines also highlight areas in need of further investigation. The task force members are to be acknowledged for their enormous efforts in compiling this complex yet balanced document," says Peter A. Kopp, MD, Editor-in-Chief of *Thyroid* and Associate Professor of Medicine, Division of Endocrinology, Metabolism, and Molecular Medicine, Northwestern University Feinberg School of Medicine, Chicago.

"Dr. Haugen and his colleagues on the DTC Guidelines Task Force are to be congratulated on their monumental task of reviewing a vast literature," says Robert C. Smallridge, MD, President of the ATA,

Professor of Medicine and former Chair, Endocrinology Division, Mayo Clinic, Jacksonville, Florida. "The field is changing rapidly, from the potential role of molecular markers to approaches to surgery, the most effective imaging, the role of 131-Iodine, risk assessment over time, and treatment of radioiodine refractory metastatic disease. The authors have provided a balanced list of 101 Recommendations that should assist practitioners in applying this information to the daily care of their patients."

Provided by Mary Ann Liebert, Inc

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