Study: Number Of Patients At Risk For Unnecessary Thyroid Surgery Is Likely On The Rise

A new study shows that the number of patients with thyroid nodules who undergo surgery – increasingly to remove all, rather than part, of their thyroid – has risen by 31 percent over five years, Veracyte [1] announced today. The findings suggest that growing numbers of thyroid nodule patients are also at risk for unnecessary surgery due to ambiguous fine needle aspiration (FNA) biopsy results, a common problem in thyroid cancer diagnosis that has traditionally led to thyroid surgery for a final diagnosis. The new data were presented yesterday at the annual meeting of the American Association of Endocrine Surgeons, held in Chicago, Ill.

According to the study, the total number of thyroid surgeries performed in the United States due to thyroid nodules increased from 99,613 to 130,216 between 2006 and 2011. Additionally, the number of total thyroidectomies – in which the entire thyroid is removed – increased by 12% per year, from 45,558 to 72,344, while the number of partial thyroidectomies increased by just 1% per year, from 54,055 to 57,872. According to the American Cancer Society, the number of thyroid cancer cases each year increased from 30,180 to 48,020 during the study period.

"The growing number of thyroid surgeries – particularly total thyroidectomies – puts a spotlight on the need to ensure that every patient who undergoes such surgery actually needs it," said Bonnie Anderson , cofounder and chief executive officer of Veracyte. "Currently, the literature shows that 15-30% of FNA biopsies to assess thyroid nodules produce ambiguous results and most of these patients are currently directed to thyroid surgery because physicians cannot rule out cancer. Following surgery, however, 70-80% of these patients find out they had benign conditions. These surgeries are invasive, expensive, and typically result in lifelong thyroid hormone replacement therapy for the patient.

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