

# Prognostic Impact of Further Treatments on Distant Metastasis in Patients with Minimally Invasive Follicular Thyroid Carcinoma: Verification Using Inverse Probability of Treatment Weighting

Roma Pradhan<sup>1</sup> · Amit Agarwal<sup>2</sup>

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We would like to congratulate the authors for throwing light on prognostic impact of further treatments on distant metastasis in patients with minimally invasive FTC [1] and also their previous study about minimally invasive follicular thyroid cancer and its risk factors and also the role of protein markers [2]; however, we have few queries.

1. The authors had total number of 259 patients of minimally invasive thyroid cancer, and after review by pathologist, the number changed to 166. We would like to know the pathology of the remaining 63 patients whether they were classified as widely invasive or some other pathology since we always face problem in classifying follicular thyroid carcinomas.
2. There were 70 patients who underwent completion thyroidectomy, but only four patients had RAI ablation. Can we get information about those four patients who did not receive the same.
3. In the hemithyroidectomy group, there were 24 patients who underwent central compartment lymph

node dissection assuming hemicompartment, though it needs to be clarified and also the pathological results of the nodes. We would also like to know as to why Nx is given in the table.

## References

1. Lee YM, Lee YH, Song DE, Kim WB, Sung TY, Yoon JH, Chung KW, Hong SJ (2016) Prognostic impact of further treatments on distant metastasis in patients with minimally invasive follicular thyroid carcinoma: verification using inverse probability of treatment weighting. *World J Surg.* doi:10.1007/s00268-016-3608-9
2. Lee Y-M, Song DE, Kim TY, Sung T-Y, Yoon JH, Chung K-W, Hong SJ (2016) Risk factors for distant metastasis in patients with minimally invasive follicular thyroid carcinoma. *PLoS ONE* 11(5):e0155489

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✉ Roma Pradhan  
drromapradhan@yahoo.com

<sup>1</sup> Sikkim Manipal Institute of Medical Sciences, Gangtok, India

<sup>2</sup> Endocrine Surgery Department, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India