



October 24, 2014

Board of Directors  
American Thyroid Association  
6066 Leesburg Pike, Suite 550  
Falls Church, VA 22041

Ladies and Gentlemen of the Board:

We are writing to you on behalf of the American College of Nuclear Medicine (ACNM). The ACNM is a professional organization of Nuclear Medicine physicians and scientists which aims to promote the highest quality nuclear medicine practice and consultation to referring physicians and patients. Nuclear Medicine physicians are well trained in the use of radiopharmaceuticals in all aspects of nuclear medicine diagnosis and therapy, especially including the use of I-123 and I-131 sodium iodide for diagnostic nuclear medicine studies of the thyroid, and the use of I-131 sodium iodide in the treatment of hyperthyroidism and thyroid cancer for several decades. One of the main professional functions of a Nuclear Medicine physician is to guide patients with Differentiated Thyroid Cancer (DTC) through their diagnosis management and treatment. We are also primarily responsible for administering radioactive iodine (I-131 sodium iodide) to those patients as authorized user in most institutions.

We are writing to bring to your attention our concerns regarding the draft guideline document entitled "2014 ATA Management Guidelines for Patients with Thyroid Nodules and Differentiated Thyroid Cancer".

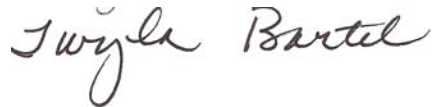
1. We are very disappointed that representatives of the Nuclear Medicine community, who are well-represented in the ATA, were not included in the Taskforce charged with developing this document. Review of this draft document reveals stark differences between the recommendations in the draft document and contemporary practice of American Nuclear Medicine physicians.
2. We are highly concerned that some practices of American Nuclear Medicine physicians were either not addressed at all or were incompletely addressed, and key evidence in the literature was not included.
3. There is an ethical responsibility of the authors to clearly explain differences of opinion in the management of DTC, which is unequivocally stated by the American Thyroid Association Ethics Advisory Committee (Rosenthal, MS, et al. Clinical and Professional Ethics Guidelines for the Practice of Thyroidology. Thyroid. Volume 23, Number 10, 2013). The current draft document elected to omit the alternative views held by the majority of U. S. Nuclear Medicine physicians.
4. We understand that the ATA guidelines are intended not only for the American medical establishment, but for the global medical community as well. However, it would be anticipated that critical stakeholders, the representatives of the American Nuclear Medicine community, would be invited to participate in the formulation of these guidelines, not only out of respect, but from the recognition and understanding that the guidelines will likely impact their practices, as the third party payers may restrict reimbursement for the services they provide, based on the recommendations promulgated in the current draft. We were deeply disappointed that the group of authors who developed the guidelines included not a single individual who is intimately familiar with the full breadth and specifics of Nuclear Medicine practice in the U. S.
5. There are published standards for developing trustworthy clinical practice guidelines, published in 2011 by the Institute of Medicine (IOM) (<http://www.iom.edu/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust/Standards.aspx>). It clearly emphasizes the critical need to include significant stakeholders from the very beginning, and it is crucial to review and acknowledge relevant guidelines offered by organizations representing the stakeholders. It was very concerning that the ATA draft did not acknowledge the relevant guidelines that reflect the practice of the American Nuclear Medicine Physicians (Silberstein, E. B., et al. The SNMMI practice

guideline for therapy of thyroid disease with I-131 3.0. J Nucl Med. Vol 53, Number 10, 2012). In contradistinction, the Nuclear Medicine guideline document by E.B. Silberstein et al. included ATA's most recent guidelines, which can be found close to the top of the references list. In stark disagreement with the IOM recommendations, the ATA guideline completely ignored the Nuclear Medicine specialists input from the start of this guideline development process, including review by relevant organizations.

6. One of the focus points in developing trustworthy guidelines according to the IOM has to do with ethical management of conflict of interest (COI). The obvious issue in this regard is the fact that nine out of sixteen (a majority) of ATA's guideline Taskforce group, including the Chair, declared significant COI, as can be seen on page 188 of the draft. This is contrary to the IOM guideline recommendations. We respectfully bring this COI discrepancy to your attention, as well as to the attention of ATA's Ethics Committee, as it may preclude recognition of these guidelines by the National Guideline Clearinghouse.

The draft document developed by the ATA guidelines Taskforce on Thyroid Nodules and Differentiated Thyroid Cancer raises several serious unreconciled concerns, which are enumerated above. The exclusion of American Nuclear Medicine specialists – the one of the largest stakeholder groups that stands to see most serious practice implications – calls for immediate reconciliation. We respectfully request that the ATA's Board of Directors postpones approval of the current guideline draft until the membership of the taskforce is revised to include at least two American Nuclear Medicine Physicians. We stand ready to offer a list of such individuals who are members of the ATA. In order for these representatives to make a meaningful contribution, the American Nuclear Medicine Physicians would be expected to engage comprehensively into the standard guideline development process, which will require significant time in order to produce an inclusive guidelines document.

Sincerely,



Twyla B. Bartel, DO, MBA, FACNM  
ACNM President



Bennett S. Greenspan, MD, FACNM, FACR  
ACNM Member

CC: M. Sara Rosenthal, PhD – ATA Ethics Committee Chair  
ACNM Board of Directors