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RE: Risk of Hematologic Malignancies after Radioiodine Treatment of Well-Differentiated Thyroid Cancer. J Clin Oncol. 2017 Dec 18;JCO2017750232. doi: 10.1200/JCO.2017.75.0232

Dear Dr. Cannistra:

The American College of Nuclear Medicine is asking you to urgently consider retraction of the article cited above. American College of Nuclear Medicine is a professional organization representing nuclear medicine physicians and radiologists practicing nuclear medicine. We set the standard for molecular imaging and nuclear medicine practice, including therapy, creating guidelines, sharing information through journals, conducting international meetings, and leading advocacy on key issues that affect molecular imaging and nuclear medicine. We appreciate the opportunity to comment on the above referenced article.

There are multiple problems with the article. Multiple codes used from the International Statistical Classification of Diseases (ICD) were erroneous and not relating to thyroid cancer. The authors did not discuss the dose of Iodine-131, thus could not confirm the dose-response relationship with the increased incidence of cancer. They included non-radiogenic cancers such as CLL (see reference) without due discussion. Radiation induction of secondary malignancies takes time and a 1-year latency is far too short to be meaningful, serving only to contaminate the data. The latency time is



counted from the “diagnosis” instead of conventional time zero at patient radiation exposure. Hence, malignancies occurring before 3 years should be considered as concomitant. The numbers cited in various parts of Figure 1 and the results do not add up. They report data on multiple myeloma that showed a benefit from radiation exposure without meaningful discussion. Finally, the number of solid cancers was reduced in the radioactive iodine therapy group as compared to the surgery alone group, and that decrease was by far greater than the increase in all the hematological cancers combined. Only a strong bias against radioactive iodine therapy can explain lack of any discussion of this most striking finding that appears only in the supplemental material (Appendix Table 2).

The Journal of Clinical Oncology has a high impact factor and we are very concerned that this article could mislead physicians and cause an unjustified change in the current standard of care. We appreciate your prompt consideration of our request for retraction of the article.

KG Bennet MD

KG Bennet, MD

President, American College of Nuclear Medicine

Enclosure



J radiat. Res., Supplement, 89-96 (1975) Review of Thirty Years Study of Hiroshima and Nagasaki Atomic Bomb Survivors II. BIOLOGICAL EFFECTS D. Leukemia and Related Disorders ICHIMARU, M.* and ISHIMARU, T.*** Department of Hematology, Atomic Disease Institute, School of Medicine, Nagasaki University, Nagasaki, 852, Japan. * **Department of Epidemiology and Statistics , Radiation Effects Research Foundation*** , Hiroshima, 730, Japan. (Received June 16, 1975)