Special Issue

Management of Differentiated Thyroid Carcinoma (DTC): An Update

Message from the Guest Editors

Differentiated thyroid carcinomas (DTC) are the most prevalent endocrine malignant tumours; DTC incidence has increased worldwide over the last decades as a consequence of diagnostic accuracy, while DTC-related mortality has remained unchanged. Ultrasonography followed by FNA with cytological examination are the most important diagnostic tools (see TIRADS and Bethesda classification). However other patients' related features (genetic syndrome, radiation exposure) contribute to defining the tumour behaviour. Altogether, the sonographic features of the thyroid nodule: Bethesda categories; molecular testing; and patient comorbility (and preferences) should guide the clinician in choosing the treatment. Intermediate and high-risk DTCs require total thyroidectomy followed by radioactive iodine (RAI) administration. There is no consensus about node management (preventive neck dissection, recurrent neck dissection). In this Special Issue we are looking for original research papers and reviews focusing on the personalized management of DTC patients.

Guest Editors

Prof. Dr. Massimiliano Garzaro

ENT Division, Health Science Department, School of Medicine, Universitá del Piemonte Orientale "Amedeo Avogadro", Novara, Italy

Prof. Paolo Aluffi Valletti

ENT Division, Health Science Department, School of Medicine, Universitá del Piemonte Orientale "Amedeo Avogadro", Novara, Italy

Dr. Valeria Dell'Era

ENT Division, Novara Maggiore Hospital, Novara, Italy

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Journal of Personalized Medicine Editorial Office MDPI, Grosspeteranlage 5 4052 Basel, Switzerland Tel: +41 61 683 77 34 jpm@mdpi.com

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About the Journal

Message from the Editor-in-Chief

Journal of Personalized Medicine (JPM; ISSN 2075-4426) is an international, open access journal aimed at bringing all aspects of personalized medicine to one platform. JPM publishes cutting edge, innovative preclinical and translational scientific research and technologies related to personalized medicine (e.g., precision medicine, pharmacogenomics/proteomics, systems biology, 'omics association analysis). JPM is covered in Scopus, the Science Citation Index Expanded (SCIE), PubMed, PMC, Embase, and other databases.

Editor-in-Chief

Prof. Dr. Kenneth P.H. Pritzker

Department of Laboratory Medicine and Pathobiology, Department of Surgery, University of Toronto, 6 Queens Pk Crescent W,F, Toronto, ON M5S 3H2, Canada

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