**BRAF Mutation Predicts Thyroid Ca Recurrence**

*BY KERRI WACHTER*

FROM A MEETING SPONSORED BY THE AMERICAN THYROID ASSOCIATION

MINNEAPOLIS — BRAF mutations may offer one answer to the growing need for biomarkers that can accurately predict the risk of thyroid cancer recurrence, said Dr. Stefan K.G. Grebe.

Thyroid cancer, with its rising incidence and low mortality rate, will be the third most common diagnosis in living cancer patients in the next 5-10 years, behind breast and prostate cancers, according to Dr. Grebe. For a newly diagnosed thyroid cancer patient, the lifetime risk of dying from the disease in 10 years—across all ages and stages—is less than 3%.

“We have to bear this in mind when we talk about prognostic markers... Predictive markers may be more important because hardly anyone ever dies of thyroid cancer,” Dr. Grebe said at the meeting. Depending on the cancer morphology, 15%-50% of patients will suffer a recurrence in their lifetime. “There really is a need for prolonged—over decades—follow-up of these patients,” which will require sensitive and specific means of detecting recurrences, he stressed.

The BRAF (T1799A (V600E)) mutation accounts for more than 90% of BRAF mutations in melanoma and papillary thyroid cancer (PTC). Importantly, this mutation is not found in normal tissue. While this mutation occurs in 40%-80% of melanomas and papillary thyroid cancers, it is present in fewer than 10% of other cancers, making it a good candidate biomarker for PTC recurrence, said Dr. Grebe, who is an associate director of the American Thyroid Association.

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