

2025 City of Hope Multidisciplinary Thyroid Cancer Symposium

# Tumor Board and Round Table Discussion

## Speakers:

Pooja Manroa, MD

Sasan Fazeli, MD

Krupal Patel, MD

Sue Chang, MD

Jason Salsamendi, MD



# Disclosures

## **Pooja Manroa, MD**

Associate Clinical Professor  
Program Director, Endocrinology Fellowship  
Department of Diabetes, Endocrinology & Metabolism  
City of Hope National Medical Center

- *No relevant financial relationships.*

## **Sasan Fazeli, MD**

Assistant Clinical Professor  
City of Hope

- *Consultant for Genentech, Inc., and Novartis.*

## **Krupal Patel, MD, MSc**

Assistant Professor  
Division of Head & Neck Surgery  
City of Hope Comprehensive Cancer Center

- *No relevant financial relationships.*

*This presentation and/or comments will be free of any bias toward or promotion of the above referenced companies or their product(s) and/or other business interests.*

*This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content*

*This presentation has been peer-reviewed, and no conflicts were noted.*

# Disclosures

## **Sue Chang, MD**

Associate Clinical Professor, Department of Pathology  
Associate Chief Medical Information Officer  
City of Hope

- *Consultant for AbbVie.*

## **Jason Salsamendi, MD**

Clinical Professor  
Department of Diagnostic Radiology  
Lead Interventional Radiologist  
City of Hope Orange County

- *On the Speakers Bureau for Siemens.*

*This presentation and/or comments will be free of any bias toward or promotion of the above referenced companies or their product(s) and/or other business interests.*

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# Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

## STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

*The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.*

## EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

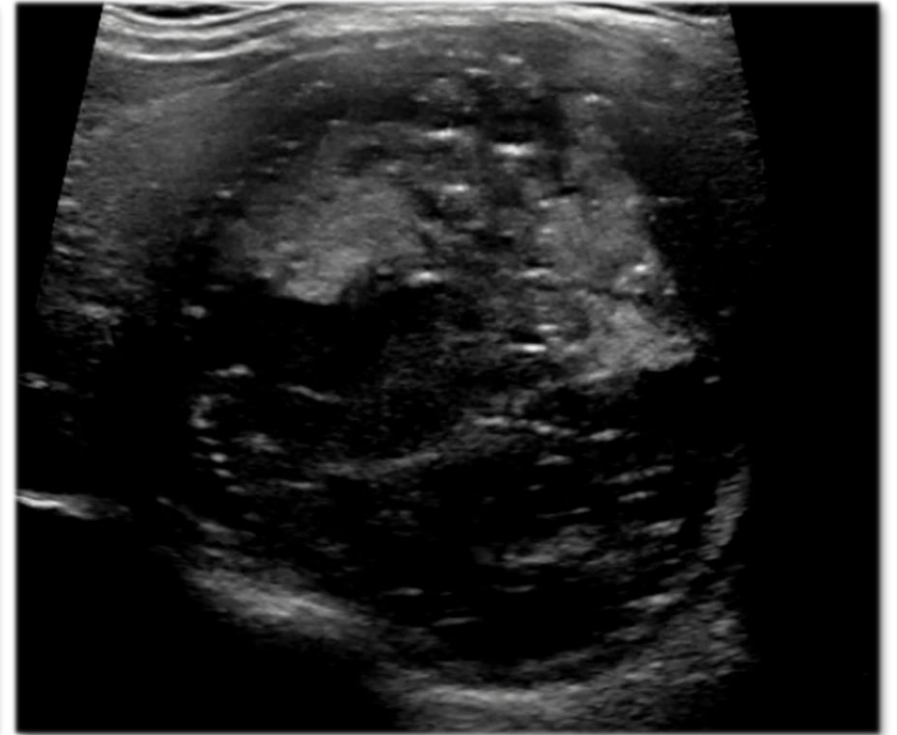
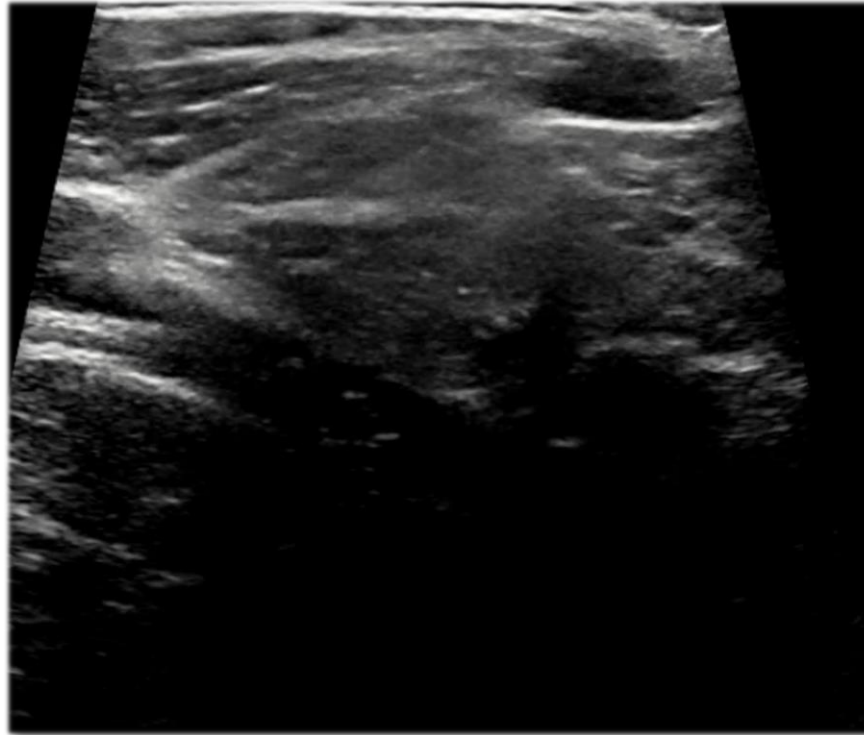
## ***The following CLC & IB components will be addressed in this presentation:***

- *How does unequal access to care contribute to how patients present for thyroid nodule evaluation?*
- *How do the different health insurance coverage options contribute to pre-operative or post-operative molecular and prognostic testing?*
- *What factors impact acting on indeterminate diagnoses?*

# Case #1

- 28 year old man with incidental finding of right neck mass
- US thyroid with 5.9 cm TR4 nodule, no cervical lymphadenopathy
- US-guided FNA: Suspicious for PTC (Bethesda category V)
- He underwent Right lobectomy -pathology revealed PTC-C, unifocal, 5.5 cm, ETE negative, angioinvasion negative, negative lymphatic invasion, margins negative, 0/1 LN level 6. Stage 1 pT3N0a.
- HopeSeq Solid Tumors Comprehensive Panel: BRAF V600 E mutated, PD-L1 expression: positive

# Question for Radiology



# Question for pathology

- Review pathology slides: Confirm diagnosis, mutation status

# Question for Tumor Board

- Treatment recommendations : To proceed with completion thyroidectomy or not?
- Post op- findings:

	Latest Ref Rng & Units	3/4/2024	5/28/2024	12/6/2024
Thyroglobulin Antibody (TgAb)	<0.4 U/mL	<0.4	<0.4	<0.4
Thyroglobulin (Tg) IMA	* See Table Below ng/mL	15.90	7.90	6.60

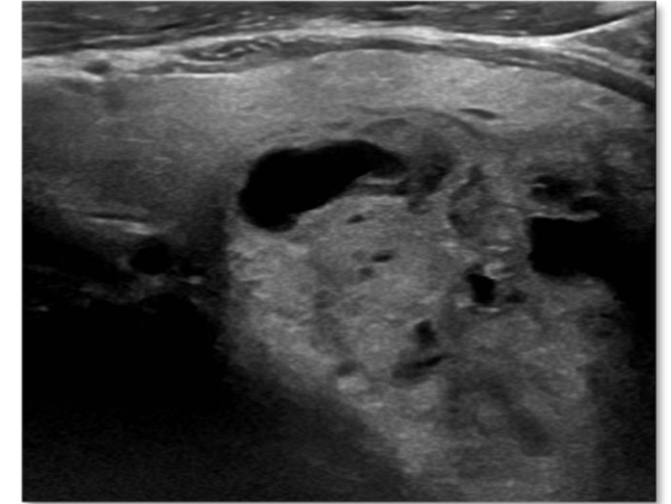
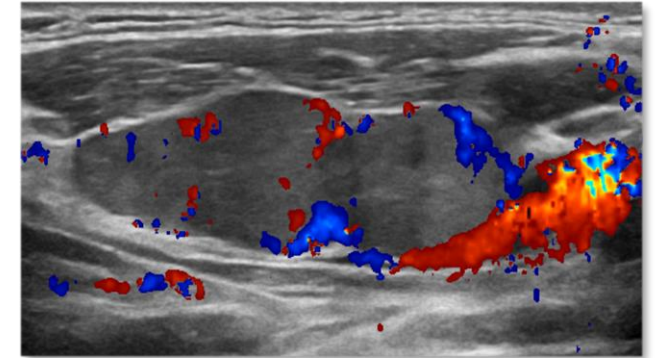
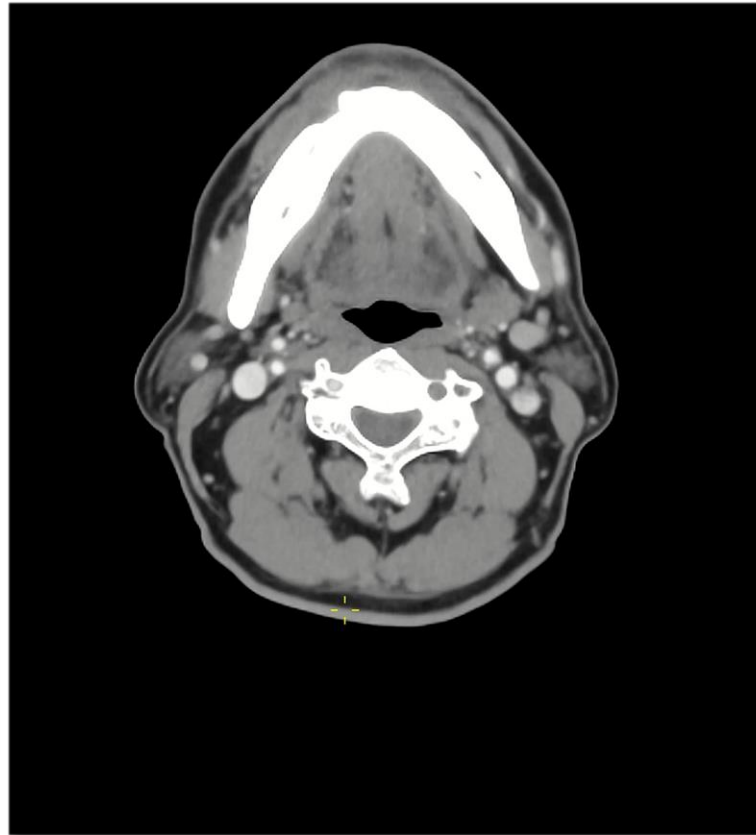
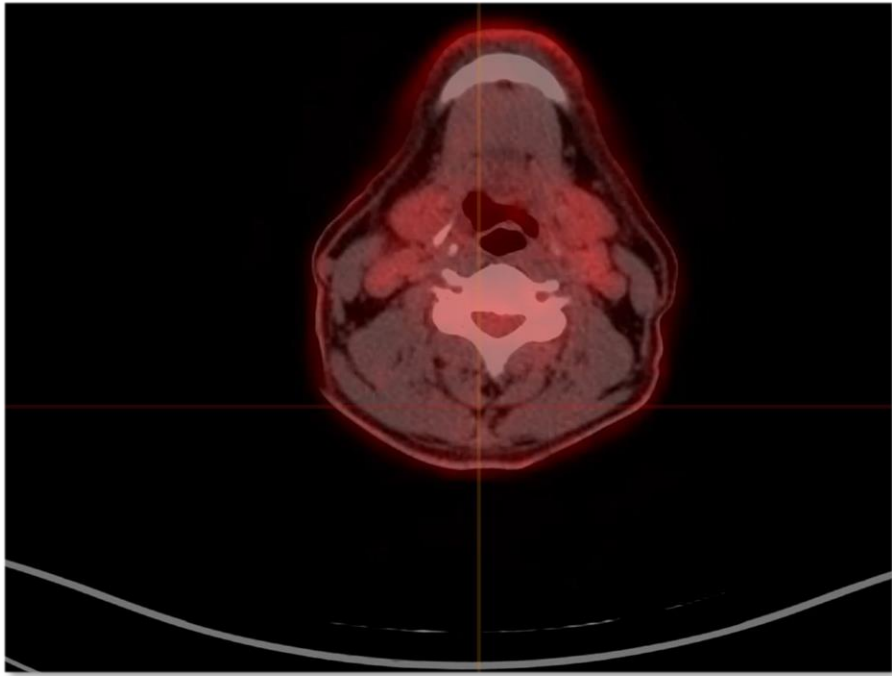
- US 12/24 showed stable benign sub centimeter nodules on left



# Case # 2

- 75 year old Male with PMH of HTN, GERD presented with dyspnea, dysphagia, dysphonia and palpable left sided neck mass
- US neck showed multiple, bilateral complex thyroid nodules measuring up to 4.3 cm on the right, 3.1cm on the left and 1.9 cm in the L isthmus and 3.5 cm suspicious left cervical lymph node.
- FNA of L thyroid isthmus nodule on 11/18/2024 and L level III lymph with results consistent with metastatic PTC (Bethesda VI)
- FDG-PET scan showed uptake on thyroid, left lateral nodules, mediastinal numerous bilateral pulmonary lesions are consistent with systemic disease. Right side pleural effusion.
- HopeSeq Solid Tumors Comprehensive panel: BRAF V600E, TERT promoter mutation positive

# Question for Radiology



# Question for pathology

- Review pathology slides: Confirm diagnosis, mutation status

# Question for Tumor Board

- Treatment recommendations –Extent of initial surgery, role of neo-adjuvant therapy?