To the Editor: I read the recent article1 on the relationship between thyroglobulin and recurrence of thyroid cancer with great interest. Papageorgiou et al concluded that ‘Although low, a cut-off Tg level of 1.3 ng/ml represents a simple indication for further investigation in patients receiving thyroxine after completion of treatment for thyroid cancer, in the absence of measurement of anti-Tg auto-antibodies’.2 This finding is interesting and contrasts with the previous report that measuring only thyroglobulin could be unreliable without concomitant measurement of anti-Tg.3 Before reaching this conclusion, some issues should be considered: (i) the quality control of the laboratory measurement; and (ii) one should also note that there is a difference in measured thyroglobulin levels if different test assays are used, and this can be a problem for generalisation in using the thyroglobulin test.4

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