To sum up, it is true that each department must adapt organization of the high-resolution thyroid nodule clinic to its particular situation and available means. In our view, however, a high-resolution thyroid nodule clinic only achieves maximum efficiency and autonomy in the hands of endocrinologists qualified to perform the clinical assessment and ultrasonographic procedures needed for a complete work-up. Training in thyroid ultrasonography and FNA of all interested endocrinologists and residents in endocrinology is therefore desirable, as is a clear positioning of the Spanish Society of Endocrinology and Nutrition in the defense of this training, which is increasingly needed in our field.

We think that endocrinologists are the main actors qualified to integrate all data needed for thyroid nodule diagnosis and monitoring, and not as a simple technician, but as a true protagonist able to efficiently tackle a disease whose prevalence overflows the conventional diagnostic channels.

Conflicts of interest

The authors state that they have no conflicts of interest.

References


Gonzalo Díaz-Soto*, Beatriz Torres, Juan José López, Daniel de Luis

Consulta de alta resolución de nódulo tiroideo, Servicio de Endocrinología y Nutrición, Hospital Clínico Universitario de Valladolid, IEN-Universidad de Valladolid, Valladolid, Spain

*Corresponding author.
E-mail address: diazsotogonzalo@gmail.com (G. Díaz-Soto).

Reply to: Diagnostic and functional structure of a high-resolution thyroid nodule clinic: An efficiency model

Respuesta a: Estructura diagnóstica y funcional de una consulta de alta resolución tiroidea: un modelo de eficiencia económica

We have carefully read the letter by Díaz-Soto et al. containing reflections related to our paper, recently published in Endocrinología y Nutrición, regarding the ideal structure of a high-resolution thyroid nodule clinic. As the people responsible for the thyroid nodule clinic on which most of these observations are focused, we would like to make some clarifications.

First of all, Díaz-Soto et al. state that the only model of clinic that meets the requirements for a high-resolution clinic is a clinic where the endocrinologist performs ultrasonography and fine needle aspiration (FNA), thereby dismissing other plausible options. To support their statement, they use the following definition of a high-resolution clinic: “a clinic that includes in the same care action the performance of examinations required for the diagnosis and treatment of a given condition. The ultimate and primary goal is to improve system efficiency by decreasing the number of patient visits, avoiding delays in tests and appointments for subsequent visits, and increasing the satisfaction perceived by patients”. Based on this scheme, we see no objective reason for considering any of the models of single action clinic cited in our recent review as less valid options.

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Second, Díaz-Soto et al. associate the performance of ultrasonography and FNA by professionals other than the endocrinologist with the loss of this specialist’s leading role. We do not agree with this view because we think that, whether at a high-resolution clinic or at their usual surgery, endocrinologists will always be responsible for integrating the laboratory, clinical, ultrasonographic, and cytological data concerning the thyroid nodule, regardless of whether or not they perform such examinations themselves. A different question is the claim that endocrinologists take control by performing ultrasonography and FNA, but even when these procedures are done by other specialists, they continue to be the true directors and coordinators, and are ultimately responsible for making clinical decisions in thyroid nodule management.

We do not agree either with the following statement: “the time and staff investment and coordination required when at least three specialists (endocrinologist, radiologist, and pathologist) work in the same physical environment of a high-resolution thyroid nodule clinic significantly impair the efficiency of the system, reducing, su

Moreover, we think that, once thyroid ultrasonography has been mastered, we should also venture to perform additional procedures such as radio frequency, ethanol instillation, or elastography, because knowledge of them would exponentially increase our care autonomy. There is no doubt that the mastery of such procedures which widen the scope of our knowledge should be proactively stimulated, because this will make us better professionals and so play a crucial role in the development of our specialty.

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**References**


José Carlos Fernández-García*, Isabel Mancha-Doblas, Francisco José Tínahones

**Servicio de Endocrinología y Nutrición, Hospital Universitario Virgen de la Victoria, Málaga, Spain**

*Corresponding author.

**E-mail address:** josecarlosfdezgarcia@hotmail.com (J.C. Fernández-García).