Commentary from the Editors of the Continuing Education Section

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See the associated articles on pages 1184, 1187, and 1195.

In the current issue of *The Journal of Nuclear Medicine,* we are presenting 3 articles discussing the treatment of differentiated thyroid cancer. Perhaps unusual for a journal section dedicated to education, this series of articles is not meant to provide definitive answers. Rather, we chose a different format for this edition. Education can be provided through systematic explanation and instruction, through examples, or through discussion and debate that forces us to take a fresh look at established practices. This time, we selected the latter, and we deliberately asked 2 groups of authors (Schmidt et al. on the one side (*1*) and Tuttle on the other (*2*)) to advocate different approaches that are currently used in clinical practice—one approach more traditional and perhaps conservative (Schmidt et al. (*1*)) and another approach based on risk stratification and individualized therapy (Tuttle (*2*)). We chose the positions discussed (extent of surgical resection, when and how to treat with radioiodine) on the basis of frequent discussions in thyroid tumor board meetings. We then asked a "knowledgeable outsider" who is unrelated to either group of authors to offer a balanced perspective (Pryma (*3*)). Our goal with this series of articles is to point out different paradigms in the clinical management of patients with thyroid cancer and to encourage discussion of these controversial topics within the nuclear medicine community and between nuclear medicine practitioners and other physicians (e.g., surgeons, endocrinologists, and medical oncologists) involved in the care of thyroid cancer patients.

The field of nuclear medicine is constantly in flux. Some imaging studies and radionuclide therapies described extensively in textbooks published 10 or 20 years ago are not even offered any longer. Revisiting, and questioning, traditional approaches are healthy for our profession and practice—as long as these discussions are based on data and facts. We need to acknowledge where data are sparse or inconclusive and strive for answers by conducting the necessary research.

When the American Thyroid Association started publishing its recent guidelines on the management of differentiated thyroid cancer (*4,5*), many in the nuclear medicine community were taken by surprise and questioned whether some of these recommendations were based on sufficient data. Regardless of one's viewpoint, these guidelines prompted a discussion that was probably overdue on the management of thyroid cancer in the 21st century. Without doubt, there has been more progress in the management of thyroid cancer over the past decade than in the 3 or 4 decades before (*6–9*). Ultimately, we need to see if and how modern imaging and therapeutic approaches are going to improve the outcome of patients with thyroid cancer, both qualitatively and quantitively. In the meantime, we hope that you will enjoy these current articles; let us know what you think.

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