

LETTER TO EDITOR: RESPONSE

Prevalence of *BRAF*^{V600E} mutation in Asian patients with thyroid cancer

Cecilia Gretchen NAVARRO-LOCSIN MD, MSc

Department of Otolaryngology-Head and Neck Surgery, St. Luke's Medical Center, Quezon City, Philippines

Dear Editor,

We thank Bychkov for his comments and interest in our study. We agree with his observations on the important role of BRAF in papillary thyroid carcinoma (PTC) and the necessity of regional data on prevalence especially in the South East Asian Region. As noted in our paper, our initial prevalence rate was based on a small sample size. Our current data suggests a prevalence of around 44%, which is more consistent with some of the published literature. However, it does not seem likely that we will attain the high rates reported by the Koreans or Chinese. The reported high prevalence rate of 83% in the Filipino population in Hawaii is interesting because, as Bychkov notes, this non concordance highlights the other unknown variables that may contribute to the role of BRAF in the development of PTC.

Because of its long history of colonization, the Filipino lineage is more heterogeneous compared to its Asian neighbors. The Filipino population is a mixture of Spanish, American, Chinese, Japanese, and Malay lineage; percentages of mixture vary depending on the region/province. The Filipinos from the Visayas, for example, have a higher percentage of Spanish lineage compared to Filipinos from Mindanao who have a predominantly Malay lineage. The Filipinos who migrated to Hawaii come mostly from areas in northern Luzon; this area is geographically nearer to Taiwan and China. Regional ethnicity may partly explain the higher prevalence of BRAF mutation in that Filipino population. Unfortunately, our current data is insufficient to allow us to stratify our prevalence rates according to region/province. Nevertheless, we look forward to publishing soon our latest data on the association of BRAF mutation with clinical outcomes among Filipinos with PTC.