Vzhledem k možným rizikům supresní léčby (kardiovaskulární, kostní, psychické) je však klíčové ji indikovat uvážlivě na základě stratifikace pacientů podle rizikovosti recidivy DTC a přítomných komorbidit, optimálně v souladu se současně platnými doporučeními. Velmi limitovaná dostupná data o adherenci k aktuálním terapeutickým doporučením naznačují, že adherence lékařů není optimální.

Práce byla podpořena Cooperatio 37 – Metabolic Diseases a MH CZ – DRO („Kralovske Vinohrady University Hospital – FNKV, 00064173“).

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- **Co (ne)budeme potřebovat od biochemické laboratoře pro stanovení kardiovaskulárního rizika?** – prof. MUDr. Michal Vrablík, Ph.D.

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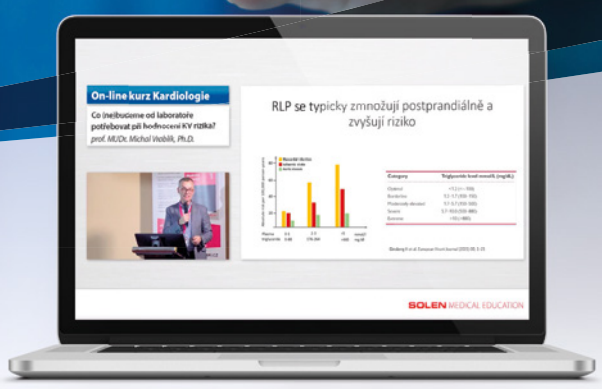

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