MON-114
Introduction: The prevalence of obesity in the U.S. is highest in non-Hispanic black adults (38.4%) and Hispanic adults (32.6%) compared to non-Hispanic white adults (28.6%). Despite known racial disparities in obesity, not much is known about why these differences exist.

Objective: This study evaluated awareness of obesity, perceptions of obesity management, and barriers to adequate care in African American and Caucasian patients.

Methods: A 48-question survey was administered in 2018-2019 to an urban Endocrinology clinic’s adult patients with a body-mass index (BMI) ≥ 30 kg/m². Chi-squared or Fisher’s exact tests were used to compare variables between groups.

Results: Of 137 respondents, 98 were African American and 39 were Caucasian. Most respondents were female (59–63.9%), had some college education (61.2–71.8%), and an annual income ≤ $50,000 (51.3–63.2%). Comorbidities included hypertension (64–66%), diabetes (73–79%), and arthritis (47–51%). Significantly more Caucasians than African Americans were aware of their BMI (65.8% vs 40%, p=0.0071). Both African Americans and Caucasians perceived their weight to be less than their actual BMI (African Americans: 23.2% perceived “obese” vs 72.5% BMI 30–39.9 kg/m² [p<0.001] and 6.3% perceived “extremely obese” vs 27.6% BMI > 40 kg/m² [p<0.001]; Caucasians: 37.8% perceived “obese” vs 66.6% BMI 30–39.9 kg/m² [p=0.02] and 8.1% perceived “extremely obese” vs 33.3% BMI > 40 kg/m² [p=0.01]). Over 90% in both groups agreed that obesity is related to hypertension, diabetes, heart disease, and early death, and 100% considered obesity treatable. Most (72.2–73.7%) recalled their health care provider (HCP) discussing obesity in the past year. Weight loss options discussed were similar between groups. Most discussed diet (70–82%) and exercise (59–62.2%) with HCPs, but few discussed formal weight loss programs (16.3–20.5%), anti-obesity medications (10%), or bariatric surgery (7–10.3%). Barriers were similar for both groups. Top barriers to diet were cost and lack of time and knowledge. Barriers to exercise were lack of time and inability to exercise. Top reasons for not discussing anti-obesity medications and bariatric surgery included concern for side effects or complications, lack of knowledge of the medications/procedures, and cost with surgery.

Conclusions: This study found similar perceptions of obesity management among African American and Caucasian patients with obesity. Despite excellent awareness of obesity as a health problem, decreased awareness of BMI and misperception of weight status were present in both groups. Discussion of diet and exercise was frequent, but discussion of formal weight loss programs, anti-obesity medications, and bariatric surgery was poor. These findings suggest a need for greater patient education and discussion of BMI and treatment beyond diet and exercise for patients with obesity.

MON-436
Background: Cribriform - morular variant is a rare variant of papillary cancer with 1–2 % prevalence. There are no established guidelines to screen for thyroid cancer in patients with APC gene mutations and FAP. We present a case of a young female with APC gene mutation and thyroid cancer.

Case: Female, 25 years-old, without anemia, underwent colonoscopy at age 22 and multiple polyps were seen. One polyp showed intramucosal carcinoma with high-grade dysplasia. She was diagnosed with FAP. She was found to have APC gene mutation on genetic analysis. No family history of FAP was reported.

Chest and abdominal CT showed multiple thyroid nodules. Thyroid ultrasound showed 3 nodules. The largest is in the mid R lobe, measuring 1 cm, and is isoechoic to hypoechoic, containing some small central cystic areas. The nodules in the left lobe measure 0.6 and 0.7 cm.

FNA of the right thyroid nodule showed follicular neoplasm. Afirma was suspicious. She underwent total thyroidectomy.

Pathologic report showed multifocal tumor in both right (0.8 cm) and left lobe (0.5 cm). Histologic type was Papillary carcinoma, cribriform - morular variant. All surgical margins were negative. No angio-lymphatic invasion or extra thyroidal extension was identified.

Pathologic stage classification was m pT1a pN0 pM0. Patient did not receive RAI ablation.

Patient doing well and no further recurrence of thyroid cancer is noted.

Discussion:
Patients with FAP have a greatly increased risk for colorectal cancer and also have an elevated risk for other cancers including thyroid cancer (1%-2% compared to 1% in general population). According to ACG guidelines of 2015, annual thyroid screening by ultrasound should be recommended to individuals affected with FAP. Additionally, thyroid cancer found in unscreened patients with FAP was more advanced as compared to patients screened for cancer requiring less aggressive approaches.

On ultrasonography, most nodules had benign-looking features (well-defined, hypechoic, oval to round shapes without calcification), but some nodules had capsular invasion and larger height: width shape. In preoperative FNA, they were diagnosed as CMV-PTC/PTC but could also present as follicular neoplasm or PTC-follicular variant. Compared to conventional PTC, CMV-PTC had a lower frequency of lymph node metastases at presentation (12%) and distant metastases (3%) as well as lower recurrence rates (8.5%) and patient mortality rates (2%). Physical exam and clinical history is not sufficient to screen for cancer.

In patients with APC gene mutations and FAP, there should be high suspicion for diagnosing thyroid cancer as the nodules are usually benign looking and small in size. As noted in the case, nodules were found incidentally, and tumor size was small with benign looking nodules. Additionally, screening should be focused more on young females below the age of 35 because of the high prevalence of cancer.