

**THYROID CANCER****Surgery for neck recurrence of thyroid cancer can achieve complete remission in a majority of patients****BACKGROUND**

Thyroid cancer is the fastest rising cancer in women. Because the overall prognosis in patients with thyroid cancer is excellent, management of thyroid cancer is based on the risk of cancer recurrence as opposed to the risk of dying of cancer. The most common site of cancer recurrence is in the lymph nodes in the neck. Frequently, surgery is the best treatment for cancer recurrence in the neck lymph nodes and offers many patients a chance for cure. The author's goals were to evaluate how good the initial operation was to prevent recurrence/persistence of cancer, to determine prognostic factors for who would have a cancer recurrence, and to look at the long-term outcomes of reoperation at a single institution in France.

THE FULL ARTICLE TITLE

Lamartina L et al Surgery for neck recurrence of differentiated thyroid cancer: outcomes and risk factors. *J Clin Endocrinol Metab* 2017;102:1020-31.

SUMMARY OF THE STUDY

All patients in this study had thyroid cancer, were treated with total thyroidectomy with or without neck dissection, and had post-operative radioactive iodine therapy. Each patient in the study later developed a recurrence of the cancer in the neck with no evidence of spread of the cancer outside of the neck and had a re-operation for that recurrence.

A total of 157 patients over an 18 year period had a neck re-operation for cure at a single institution in France. Many patients were young (average age was 35

years) and more than 60% were women. More than 2/3 (71%) had previously had a neck dissection as part of their initial operation and 25% of the cancers were of an aggressive type. Immediately after the re-operation, 63% had a complete response and the complication rates of reoperation were low. Of these, at least 25% experienced a second recurrence of their cancer within 5 years. Risk factors for non-cure at re-operation included age > 45 years, aggressive cancer type and a lymph node dissection as part of the initial surgery. Risk factors for a second recurrence included male sex, aggressive cancer type and >10 positive lymph nodes at re-operation. At long-term follow-up, just over half of patients with a first recurrence were free of disease.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

This study shows that after the first re-operation for persistent or recurrent thyroid cancer, just over 50% were free of disease and apparently cured. This study shows that surgery for an initial recurrence can produce long-lasting cures in many patients and therefore is a good approach to treatment. Moreover, certain risk factors for non-cure were identified that would be important for counseling patients about long-term prognosis.

— Melanie Goldfarb, MD

ATA THYROID BROCHURE LINKS

Thyroid Cancer (Papillary and Follicular): <http://www.thyroid.org/thyroid-cancer/>

Thyroid Surgery: <http://www.thyroid.org/thyroid-surgery/>

ABBREVIATIONS & DEFINITIONS

Thyroidectomy: surgery to remove the entire thyroid gland. When the entire thyroid is removed it is termed a total thyroidectomy. When less is removed, such as in removal of a lobe, it is termed a partial thyroidectomy.

Radioactive iodine (RAI): this plays a valuable role in diagnosing and treating thyroid problems since it is

taken up only by the thyroid gland. I-131 is the destructive form used to destroy thyroid tissue in the treatment of thyroid cancer and with an overactive thyroid. I-123 is the non-destructive form that does not damage the thyroid and is used in scans to take pictures of the thyroid (Thyroid Scan) or to take pictures of the whole body to look for thyroid cancer (Whole Body Scan).



THYROID CANCER, continued

Lymph node: bean-shaped organ that plays a role in removing what the body considers harmful, such as infections and cancer cells.

Cancer recurrence: this occurs when the cancer comes back after an initial treatment that was successful in destroying all detectable cancer at some point.