Surgery For Thyroid Cancer Increases The Survival Rate And Enhances The Quality Of Life Of Elderly Patients Providing They Are Well Enough To Tolerate Surgery

WHAT IS THE STUDY ABOUT?
Thyroid cancer is usually a slow growing cancer and patients usually do well with surgery and, when indicated, radioactive iodine therapy. However, thyroid cancer is often more aggressive in older patients who frequently have other chronic diseases as well, which makes thyroid surgery more difficult. As a result, they may have more surgical complications and may not be able to tolerate radioiodine or radiation therapy which is sometimes needed after surgery. This study sought to compare the characteristics of thyroid cancer presenting in elderly and younger patients and examine outcomes for elderly patients with thyroid cancer.

THE FULL ARTICLE TITLE:

WHAT WERE THE RESULTS OF THE STUDY?
A total of 42 patients comprised the elderly group, with an average age of 78 years. A total of 37 patients comprised the young group, with an average age of 25 years. Papillary thyroid cancer was the most common cancer in both the elderly (76%) and the young (92%) groups. Anaplastic cancer, the most aggressive form of thyroid cancer, was only seen in the elderly group (17%). Over 50% of the elderly group had invasive cancers that required more extensive surgery and longer hospitalizations while only 5% of the young group had such cancers. The cancers tended to come back more often in the elderly group (17% versus 3% in the young group). Of 30 elderly patients with recurrent cancers, 13 needed extensive surgery to remove the cancer and some nearby tissues that had been invaded by tumor such as nerves, esophagus, neck muscles, or part of the trachea. Nine of these patients (69%) eventually died of their cancer.

A total of 13 patients in the elderly group did not have surgery for a variety of reasons, including: 1) they had serious medical problems or poor health that made surgery too risky, 2) they refused surgery or 3) the cancers were too small to cause them any physical problems in the foreseeable future. Three of these patients (23%) died of their cancer. All patients who had surgery were still living 2 years after their diagnosis (100% survival) whereas only 80% of those not treated with surgery were alive 2 years after their diagnosis. The quality of life worsened in 8 of the 12 patients (67%) who were not treated with surgery and in 2 of 32 (6%) who had surgery.

HOW DOES THIS COMPARE WITH OTHER STUDIES?
Other studies have also shown that older patients tend to have more advanced cancers and that these cancers behave more aggressively and have a worse prognosis than in younger patients. Other studies also have shown that many elderly patients have other medical conditions (hypertension, heart disease, lung problems) which can contribute to poor outcomes with thyroid cancer. This study also shows that surgery does improve survival in elderly patients.

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WHAT ARE THE IMPLICATIONS OF THIS STUDY?
Surgery for thyroid cancer improves the survival and the quality of life of elderly patients and should not be avoided if they are well enough to tolerate the operation.

— Regina Castro, MD

ABBREVIATIONS & DEFINITIONS

Papillary thyroid cancer — the most common type of thyroid cancer.

Anaplastic thyroid cancer — a very rare but very aggressive type of thyroid cancer. In contrast to all other types of thyroid cancer, most patients with anaplastic thyroid cancer die of their cancer and do so within a few years.

Total thyroidectomy — Surgery to remove the entire thyroid gland.

Cancer recurrence — this occurs when the cancer comes back after an initial treatment that was successful in destroying all detectable cancer at some point. In thyroid cancer, most recurrences are in the neck region.

ATA THYROID BROCHURE LINKS
Thyroid cancer: http://thyroid.org/patients/patient_brochures/cancer_of_thyroid.html
Thyroid Surgery: http://thyroid.org/patients/patient_brochures/surgery.html