



THYROID CANCER

Can a second surgery cure patients with recurrence of thyroid cancer in the lymph nodes of the neck?

BACKGROUND

The usual treatment for thyroid cancer is surgery to remove the thyroid followed by radioactive iodine therapy if the patient falls into a high risk category. Occasionally, patients have a recurrence of the thyroid cancer. When this happens, the cancer most often recurs in the lymph nodes in the neck. In general, if there are clearly abnormal lymph nodes in the neck, the recommendation is usually to have a second surgery to remove these abnormal lymph nodes. This study examined how often a second surgery resulted in curing patients who have a recurrence of their cancer.

FULL ARTICLE TITLE

Yim JH et al. The outcomes of first reoperation for locoregionally recurrent/persistent papillary thyroid carcinoma in patients who initially underwent total thyroidectomy and remnant ablation. *J Clin Endocrinol Metab.* April 20, 2011.

SUMMARY

The study group included 83 patients with recurrence of papillary cancer in the neck who were treated at a university medical center in Korea. All of the patients had been initially treated with total thyroidectomy, some

degree of lymph node removal and radioactive iodine therapy. The thyroid cancer recurred at an average of 2.3 years after the initial therapy. At the second surgery, all identified abnormal lymph nodes were removed from the neck. A total of 42 patients (51%) had no evidence of the thyroid cancer, consistent with remission of the cancer. The main predictor of a potential cure was a thyroglobulin level <5 after the second surgery.

IMPLICATIONS

This study confirms prior studies that patients with recurrent thyroid cancer can still be cured if the cancer can be identified and be removed by a second surgery. The 50% remission rate in this study is better than a study from the United States which reported a 25% remission rate. This is good news for those thyroid cancer patients that develop a recurrence of their cancer.

— Henry Fein, MD

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

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.

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

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).

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.

Thyroglobulin: a protein made only by thyroid cells, both normal and cancerous. When all normal thyroid tissue is destroyed after radioactive iodine therapy in patients with thyroid cancer, thyroglobulin can be used as a thyroid cancer marker in patients that do not have thyroglobulin antibodies.