



THYROID CANCER

Total thyroidectomy vs. lobectomy for initial thyroid cancer surgery

BACKGROUND

Thyroid cancer is a common cancer that appears to be increasing in incidence. The initial treatment for thyroid cancer is surgery to remove the cancer. The current American Thyroid Association thyroid cancer guidelines recommend total removal of the thyroid (total thyroidectomy) for treatment of all but the smallest thyroid cancers (less than 1cm). Total thyroidectomy can be associated with an increased risk of surgical complications, although the risk remains very low in the hands of an experienced, high volume thyroid surgeon. Some studies suggest that removal of only the thyroid lobe (thyroid lobectomy) containing the cancer may be adequate treatment instead of removing the whole thyroid gland. The goal of this study was to compare thyroid cancer survival and recurrence rates in patients with thyroid cancer who were either treated with thyroid lobectomy or total thyroidectomy.

THE FULL ARTICLE TITLE:

Nixon, IJ et al. Thyroid lobectomy for treatment of well differentiated intrathyroid malignancy. Surgery. 2011. October 14, 2011 [Epub ahead of print].

SUMMARY OF THE STUDY

This study included 889 patients who underwent thyroid surgery for thyroid cancer at Memorial Sloan Kettering Cancer Center in New York between 1986 and 2005. This study only included patients with thyroid cancers that were less than or equal to 4 cm in size and with no known invasion of lymph nodes or spread outside the neck. A total of 361 patients were treated with lobectomy and 528 were treated with total thyroidectomy. As expected, the survival at 10 years was high in both groups of patients (93% in the lobectomy and 91% in the total thyroidectomy group). There were no significant differences in 10 year survival or

thyroid cancer recurrence between the two groups of patients. Both age greater than 45 and male gender were predictive of a worse overall survival, while the type of surgery had no effect on survival.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

The authors conclude that patients with thyroid cancers less than 4cm and no lymph node invasion may be safely treated for their cancer with thyroid lobe removal alone. This study is important for the future care of patients, since it suggests thyroid lobectomy alone may be adequate treatment that for low risk thyroid cancer patients and that with this treatment the overall survival is high. However, the specific situation of each thyroid cancer patient needs to be evaluated by the treating physician(s) to determine the best treatment course for that individual.

— Whitney Woodmansee, 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 or lobectomy.

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