2021 ATA® Guidelines for Management of Patients with Anaplastic Thyroid Cancer

Surgical Management
Surgical evaluation for ATC

• Immediate airway evaluation
• Goal: R0/R1 resection
  • Is tumor resectable?
• Determine extent of disease based on rapid and accurate staging
  • Invasion into local structures?
  • Presence of distant metastases?
  • Is there a role for neoadjuvant therapy?

• Goals of Care
  • Patient centered
  • Curative vs Palliative
  • Balance morbidity from surgery with expected benefits
Immediate Airway Evaluation

- Does the patient have stridor?
- Is immediate tracheostomy required to protect airway?
- Placement of a tracheostomy results in immediate improvement of upper airway obstruction but requires significant education for care and understanding that tumor location and growth may make management of the tracheotomy complex.
- **In patients without impending airway compromise, we advise against preemptive tracheostomy placement.** (GPS 7)
Evaluation of Resectability

• Extent of local invasion
  • High resolution CT scan/MRI neck and chest with contrast to assess for presence of regional disease, vascular or visceral invasion.
  • Direct laryngoscopy to assess vocal cords, subglottic and upper trachea to assess for function and invasion.
  • Consider endoscopic evaluation of the esophagus to assess invasion.
  • Consider bronchoscopic evaluation of trachea to assess invasion.

• Systemic evaluation
  • Confirm pathology
  • Radiological evaluation for distant metastases
  • Define clinical stage (IVA, IVB, IVC)

• Patient comorbidities and fitness for surgery assessed and acceptable.
• Patient goals of care, advanced directives defined.
• Consensus achieved with patient/family and treatment team for decision for surgery.
Surgery for stage IVA/IVB ATC

• For patients with **confined (stage IVA/IVB) ATC** in whom R0/R1 resection is anticipated, we **strongly recommend surgical resection.** (R.12)

• Radical resection (including laryngectomy, tracheal resections, esophageal resections, and/or major vascular or mediastinal resections) is **generally not recommended given the poor prognosis of ATC** and should be considered only very selectively after thorough discussion by multidisciplinary team, also **considered in light of new information** based upon **mutations present and the availability of targeted therapies.** (R.13)

• If surgery is undertaken, **intraoperative frozen section and pathology consultation** may be a helpful adjunct to inform surgical decision making. (GPS 6)
Exclusions for Surgery

• Patient condition, goals of care or decision making capacity unsuitable for surgery
• High volume ATC metastases
• Anticipated prohibitive morbidity from required surgical procedure
  • Unacceptably high risk of extensive laryngeal, tracheal, bilateral recurrent laryngeal nerve, esophageal or vascular resection required for R0/R1 resection
  • Anticipated post-op recovery prohibitive in context of other needed therapies (chemoradiotherapy)