



# The AJCC TNM Staging Underestimates Risk in Young Patients with More Aggressive Differentiated Thyroid Cancer

Tran Cao HS, et al.

underestimate is widely known by practitioners who use more aggressive therapy in young patients with extrathyroidal spread, especially those with distant metastases. Although older work emphasized the lack of effect of spread to lymph nodes on mortality in young patients (4), other analyses concluded that positive lymph nodes were associated with more frequent recurrences (5). The current study demonstrated a significant adverse effect of nodal disease on survival in both age groups.

It should be noted that almost one-fourth of newly diagnosed DTC patients in the SEER database were between ages 40 and 50 years. This makes the age 45

threshold for staging somewhat arbitrary. Limitations of the study are that the SEER database did not contain data on specific histology or vascular invasion. The study did not analyze recurrence, a more frequent event than mortality in patients with DTC. The study did not control for the effect of treatment on survival. In fact, the paper uses the term radiation rather than specifically denoting therapy with radioiodine-131. All in all, I must agree with the authors' recommendation that the AJCC system needs to be revised, with more specific and detailed staging for young patients.

— Jerome M. Hershman, MD

## References

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