

Life Expectancy Is Not Reduced in Patients With Differentiated Thyroid Cancer Who Are Younger Than Age 45

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ANALYSIS AND COMMENTARY ● ● ● ● ●

The current report is the largest study of life expectancy in patients with DTC. It confirms and extends the findings in a similar study of 504 patients with DTC (1). Only older patients with risk factors of extrathyroidal extension, lateral lymph nodes, and distant metastases have shortened life expectancy. These patients are classified as stage 4 by the TNM system. However, there is concern that the TNM system inappropriately reduces the risk of patients younger than age 45 who have these more aggressive features because they are classified as stage 2. An analysis of the SEER database showed that mortality of stage 2 patients younger than age 45 was 11-fold greater than that for stage 1 patients (2).

I found it interesting that there was a lack of effect of sex because it is commonly stated that men with thyroid cancer have a worse prognosis than women.

There are several caveats to this study. Wurtzburg is in an area of iodine deficiency. The authors state that more than 50% of the DTC cases were discovered incidentally as a result of surgery for large goiters. This is certainly not the case in the United States and other areas without iodine deficiency. Another issue is that a mean follow-up of only 7.1 years may be too short to detect mortality. Also, the authors excluded from their analysis patients with more aggressive forms of DTC, such as insular carcinoma. In addition, a single institution study may be too narrow for a definitive study of life expectancy.

The authors note that, despite the liberal use of ¹³¹I ablation for low-risk patients, there was no excess mortality due to secondary malignancies associated with the use of ¹³¹I therapy in contrast with other studies (3,4).

References

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