

Serum Tg Before Radioiodine Ablation Is an Effective Predictor of Recurrence in High Risk Differentiated Thyroid Cancer Patients

ANALYSIS AND COMMENTARY ● ● ● ● ●

The current study provides a valuable, easily measured indicator of disease recurrence in high-risk subjects, namely the serum Tg at the time of ablation when it is stimulated by TSH. Although the authors measured ablation Tg 4 to 6 weeks after surgery (without substitution therapy), which gives a more sustained elevation of serum TSH levels than recombinant TSH, the likelihood is that ablation Tg after recombinant TSH will be similarly useful.

The study confirmed that ablation Tg <10 ng/ml has a high negative predictive value (93%) for disease

recurrence in high-risk patients, as this group had reported previously for low-risk patients (1).

The study has some limitations, including the retrospective nature of the evaluation and the relatively short follow-up of 4 to 5 years for DTC. However, in the high-risk patients, this may be sufficient for evaluating recurrence.

This study will alter my practice by adding the measurement of ablation Tg to my routine management of patients with DTC in order to predict disease recurrence.

Reference

1. Piccardo A, Arecco F, Morbelli S, et al. Low thyroglobulin concentrations after thyroidectomy increase the prognostic value of undetectable thyroglobulin levels on levo-thyroxine suppressive treatment in low-risk differentiated thyroid cancer. *J Endocrinol Invest* 2010;33:83-7. Epub July 28, 2009.



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