



THYROID CANCER

Extent of initial surgery may not significantly change survival in patients with localized medullary thyroid cancer

BACKGROUND

Medullary thyroid cancer is a rare type of thyroid cancer that often runs in families. The main treatment of medullary thyroid cancer is surgery. Unlike the more common papillary thyroid cancer, radioactive iodine plays no role in the treatment of medullary thyroid cancer. At minimum, the recommended initial operation for patients with medullary thyroid cancer includes surgery to remove the entire thyroid gland (thyroidectomy) and removal of the lymph nodes in the central neck (central neck dissection). However, many patients continue to have less involved initial surgeries. Current guidelines differ on how best to approach a patient with less than the recommended initial operation. The goal of this study was to evaluate the survival of patients with medullary thyroid cancer with localized cancer based on the extent of the initial operation.

THE FULL ARTICLE TITLE

Randle RW et al 2018 Survival in patients with medullary thyroid cancer after less than the recommended initial operation. *J Surg Oncol* 117:1211–1216. Epub 2017 Dec 19. PMID: 29266278.

SUMMARY OF THE STUDY

This was a study of patients with medullary thyroid cancer diagnosed between 2004 and 2012 using the Surveillance, Epidemiology, and End Results (SEER) registry. Patients with cancer limited to only the central neck area were included. Patients younger than 18 years of age were not included. Patients with cancer that has spread to the lymph nodes on the side of the neck or that has spread from the initial site to other parts of the body also

were not included. Patients included in this study were compared based on the extent of their first operation as recorded in SEER: less than a total thyroidectomy, total thyroidectomy, and total thyroidectomy with removal of lymph nodes.

A total of 766 patients with medullary thyroid cancer were included. A total of 85 patients (11%) had less than a total thyroidectomy, 212 (28%) had a thyroidectomy alone, and 469 (61%) had a total thyroidectomy with removal of lymph nodes. Despite differences in the extent of the initial surgery, survival was similar among the groups. The 5-year disease specific survival (percentage of people in a group who have not died from their cancer five years after diagnosis) was 98.8% in the less than total thyroidectomy group, 98.1% in the total thyroidectomy group, and 97.3% in the total thyroidectomy with lymph node removal group.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

This study showed that according to the SEER registry, the extent of the initial surgery may not significantly change survival in patients with medullary thyroid cancer limited to the central neck. Total thyroidectomy and surgery of the central neck lymph nodes remains the most appropriate initial surgery. However, this study suggests that patients with medullary thyroid cancer that does not have a genetic component and does not run in families with no residual cancer may not need more surgery after less extensive initial operations.

— Priya Mahajan, MD

ATA THYROID BROCHURE LINKS

Medullary Thyroid Cancer: <https://www.thyroid.org/medullary-thyroid-cancer/>

Thyroid Surgery: <https://www.thyroid.org/thyroid-surgery/>





THYROID CANCER, continued

ABBREVIATIONS & DEFINITIONS

Medullary thyroid cancer: a relatively rare type of thyroid cancer that often runs in families. Medullary cancer arises from the C-cells in the thyroid.

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.

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

Central neck dissection: careful removal of all lymphoid tissue in the central compartment of the neck

Central neck compartment: the central portion of the neck between the hyoid bone above, and the sternum and collar bones below and laterally limited by the carotid arteries.

SEER: Surveillance, Epidemiology and End Results program, a nation-wide anonymous cancer registry generated by the National Cancer Institute that contains information on 26% of the United States population. Website: <http://seer.cancer.gov/>

Thyroid Awareness Monthly Campaigns

The ATA will be highlighting a distinct thyroid disorder each month and a portion of the sales for Bravelets™ will be donated to the ATA. The month of **October** is **Thyroid Nodule Awareness Month** and a bracelet is available through the **ATA Marketplace** to support thyroid cancer awareness and education related to thyroid disease.

