LONG TERM SURVIVAL OF PAPILLARY CARCINOMA OF THYROID IS NOT DEPENDENT ON HISTOLOGICAL SUBTYPE.

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Background/Purpose: Papillary carcinoma of thyroid is differentiated into histological distinct subtypes with different prognostic significance. Given the paucity of evidence, we conducted this study to evaluate the long-term survival of various subtypes of papillary carcinoma.
Methods: Retrospective analysis of 1963 patients from 2000-2010 from a tertiary care hospital tumor registry was performed. Patient demographics, tumor characteristics including tumor size, type of surgery, histological subtype and postoperative radioiodine therapy (RI) were collected. We subdivided our patient population into 3 groups- papillary carcinoma (PC), papillary carcinoma- follicular variant (PC-FV) and a third composed of other rare subtypes. Standard methods of survival analysis (Kaplan-Meier survival curves, log-rank test) were performed to compare the two groups.
Results: Out of total patients (PC= 1248, PC-FV= 637, others- 78), 77% were females, with an average age of 50 years (range 11-92). The T stage distribution was comparative in all 3 groups. 58% of the PC group had node positive disease while 37% in PC-FV group had node positive disease. Total thyroidectomy was performed in 88% patients in the PC group and 63.7% patients in the PC-FV group. 54.7% patients from PC group and 36.9% patients from PC-FV group received postoperative radioiodine therapy. On multivariate stage for stage analysis, 5-year survival for PC, PC-FV and other groups was 96.1%, 97.1% and 94.8% respectively (p =0.32).
Discussion & Conclusion: Despite various histological subtypes of PC, the long-term survival appears to be the same. Papillary carcinoma appears to be diagnosed at an advanced stage compared to its follicular variant subtype at the time of surgery.