TOWARDS BETTER UNDERSTANDING OF DIFFERENTIATED THYROID CANCER: THE IDEAL DATASET

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Background/Purpose: Current management of differentiated thyroid cancer(DTC) is highly variable. Consensus is required around evidence-based definitions regarding both interventions and outcomes. Through carrying out systematic review of outcomes of DTC, and a multi-centre evaluation of UK practice, we describe an ideal dataset to inform impact of interventions on long-term outcomes.
Methods: A systematic review compared different extents of management for DTC around risk-based treatment preferences, evaluating peri-operative/safety, disease-control, and survival outcomes. The aim was to compare outcomes with adjustment for time. The same methodology was then applied to a UK-based survey of practice, accounting for patients, disease, interventions and outcomes. Common lessons were drawn, and used to define an ideal dataset for future effectiveness research.
Results: 76 literature datasets and 5 contemporary UK datasets were studied. Patients and disease extent were similar, although full staging information (TNM or risk-assignment) were available in only 46/76. By review protocol, inclusion necessitated full description of thyroid/nodal surgery and radioiodine administration. Follow-up practice varied considerably, tending over time to show lower thresholds for diagnosis of recurrence. Minimal follow-up periods varied from nil routine, to annual life-long. Outcomes data were limited by lack of time-specified events, only contained in 22/76. The UK series demonstrated disease-specific deaths up to 20 years from diagnosis.
Discussion & Conclusion: Prospective, long-term, time-corrected data are required to understand fully the impact of management strategies on DTC; a wide, patient-centred approach to the outcome definition could usefully simplify current divergent practices, whereby any re-intervention defines an event. An electronic system for prospective data collection has been developed.