

SURGICAL MANAGEMENT OF LOCALLY ADVANCED WELL DIFFERENTIATED THYROID CANCER

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Background/Purpose: Well differentiated thyroid cancer (WDTC) tends to present with limited locoregional disease, with excellent survival following treatment. However, even patients with advanced local disease may survive for long periods following appropriate treatment. The aim of this study is to present our experience of the management of locally advanced WDTC, and analyze factors predictive of outcome.

Methods: A retrospective review of 126 patients presenting for initial surgical management to MSKCC with WDTC invading the larynx, trachea, esophagus, or recurrent laryngeal nerve between 1986-2005.

Results: The median age of was 59 years, 56% were female.

Twenty-three patients (20%) had sacrifice of the RLN, 65 (57%) had disease shaved from the trachea/larynx/esophagus, 4 (3%) had full thickness partial airway excision and 8 patients had a circumferential resection of trachea/larynx/esophagus (7%).

Following surgery, 11 (9%) had gross residual disease (R2), 31 (25%) had a suspicion of microscopic residual disease in the operating room (R1) and 84 (75%) were considered free of disease following resection (R0).

With a median follow up of 78 months, the 5y disease specific survival (DSS) when stratified by R0/R1/R2 resection was 96%, 60% and 63%, $p < 0.001$ and the recurrence free survival (RFS) was 83%, 60% and 65%, $p = 0.026$ respectively.

With exclusion of R2 patients, multivariate analysis confirmed that M1 disease and R1 resection were predictive of worse DSS and age over 45 years was predictive of worse RFS.

Discussion & Conclusion: These data underscore the need for aggressive surgery to accomplish a R0 resection to obtain excellent long term survival and local regional control. Even those with M1 disease, have excellent locoregional control, with over 50% of patients alive at 5 years.