

A PRELIMINARY ANALYSIS OF EARLY RECURRENCES IN THE UK RANDOMISED TRIAL HILO OF LOW DOSE (1.1GBQ) VERSUS HIGH DOSE (3.7GBQ) RADIOIODINE ABLATION FOR LOW RISK DIFFERENTIATED THYROID CANCER (DTC).

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Background/Purpose: The HiLo and ESTIMABL trials have shown that for low risk DTC, 1.1GBq of radioiodine is as effective as 3.7GBq of radioiodine in achieving ablation success with better quality of life, less healthcare and societal costs. We previously reported that 96 pT3 and 63 pN1 (TNM 6th edition) evaluable patients included in the HiLo trial had similar ablation success rate with 1.1GBq and 3.7GBq. We present a preliminary analysis of the early recurrences.

Methods: The Case report forms from the central trials office at the University College London were reviewed and correlated with relevant details of the patients including specialist histopathology reports.

Results:

7 patients have confirmed recurrences at median follow up of 26 months.

4 in the thyroid bed (TB) alone, 1 involved TB +lung (L) +Lymph Node (LN) +Bone (B), 1 LN only ,1 L only.

4 Had 3.7GBq – a) pT3N1a M0—(TB), b) pT2N0M0—(TB), c) pT3N1M0 (Ablation Failure or AF)- (L), d) pT2N1M0 (AF)- (LN)

3 Had 1.1Gqb- a) T3 (HCC, Extra Thyroid Spread-ETE) N0 M0 –(TB), b) T2N0M0 (AF)-(TB), c) T3 (HCC) Nx M0-(TB+L+LN+B)

Amongst T3 Maximum tumour size was 70mm intrathyroidal. 15 had minor ETE (1 Recurrence).

12 patients had N1b stage, 2 with bilateral involvement (no recurrence-NR)

Maximum nodal ratio in N1a was 11/11 nodes (NR)

Discussion & Conclusion: The follow up is short and the numbers are small but relatively reassuring.

Further data about late recurrences in HiLo will be provided in due course.