

ASSESSMENT OF FACTORS ASSOCIATED WITH RECURRENCE IN DIFFERENTIATED THYROID CANCER (DTC), THE ANKARA UNIVERSITY EXPERIENCE.

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Background/Purpose: To determine the possible relationship of risk factors with recurrent/persistent disease.

Methods: 403 DTC patients (329/74, F/M) followed up for a median 44(13-372) months were retrospectively analyzed.

Results: The median age of patients at the diagnosis was 47(19-84). 73.3% had conventional and 17.6% follicular variant DTC. Autoimmune thyroid disease(AITD) was coexisting in 27.3% of patients . Initial surgery was total thyroidectomy±lymph node dissection in 336(83.4%) and subtotal thyroidectomy/hemithyroidectomy in 67(16.6%) of patients. 84.8% of the patients in the latter group had stage1 disease and all underwent a completion thyroidectomy. Radio-iodine ablation was performed in 381 patients with a median 125(30-250) Mci dose. According to ATA risk assesment ; 56.2%, 32.8%, 11% of patients were in low, intermediate and high risk groups respectively. Average tumor size was 17.3±13.6mm. Vascular invasion and extrathyroidal extension of tumor was found in 30(7.4%), 77(19.1%) of patients respectively. Capsular tumor invasion and multifocality was present in 200(49.6%) and 137(34%) of the patients respectively. At the time of first ablation, 18 (4.7%) patients had ¹³¹I uptake outside the thyroid bed. Recurrent or persistent disease was diagnosed in 73 (18.1%) of the patients. Tumor size, vascular invasion, extrathyroidal invasion of tumor were significantly associated with the risk of recurrent/persistent disease (p<0.01). Coexisting AITD was significantly associated with better remission rates (p<0.05). Multifocality and capsular tumor invasion were not associated with the risk of recurrent/persistent disease.

Discussion & Conclusion: Extrathyroidal extension, vascular invasion and tumor size are the main parameters which predict the risk of recurrence/persistence in DTC.