

RETROSPECTIVE EVALUATION OF RELAPSE PATTERNS IN RADICALLY TREATED DIFFERENTIATED THYROID CARCINOMA PATIENTS

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Background/Purpose: Post thyroidectomy and radioiodine patients treated for differentiated thyroid cancer have thyroglobulin levels monitored during follow up. Our institutional thyroglobulin (TG) cut off level of > 1 ng/ml can suggest residual or recurrent thyroid cancer.

Methods: We assessed the outcomes of those with a raised TG following TSH stimulation as well as suppressed TSH. We reviewed results of investigations on patients with a raised TG after treatment, identified on a prospective database of patients with thyroid cancer in the Greater Manchester Network.

Results: 740 patients were treated radically (surgery and radioiodine ablation) from 2004 to 2010. 68 (9%) had a raised TG during follow up. 45 (66%) had confirmed recurrence (60% local only, 27% distant alone, 13% both distant and local). Lung was the site of 83% of distant relapses. No specific level of TG correlated with the likelihood of recurrence. Of those recurring 6 (13%) died. 67% of those dying had distant recurrence, compared to 36% of those still alive. The median survival of those dying was 36 months. The median follow up of those relapsing, but alive is 67 months. 41 patients recurring received therapeutic radioiodine at least once, including the six who died.

Discussion & Conclusion: A minority (9%) of our patients had a raised TG during follow up. Of these 66% had confirmed recurrence after a series of radiological investigations. Most recurrences were local. In those with distant relapse death was more common. The lungs were the commonest site for distant metastases.