

THE IMPACT OF NODAL STAGE ON OUTCOME IN OLDER PATIENTS WITH PAPILLARY THYROID CANCER

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Background/Purpose: The impact of nodal metastases in papillary thyroid cancer (PTC) on survival is controversial, and seems to be more important in older patients. The objective of this study was to determine the impact of clinical nodal metastases at presentation on outcome in patients 45 years of age or older.

Methods: Retrospective analysis of 834 patients 45 years or older who underwent surgery for PTC between 1986-2005.

Results: With a median follow up of 77 months, the 5 year disease specific survival (DSS) and recurrence free survival (RFS) were 99% and 94% respectively. When stratified by N stage, 5 year DSS was 100%, 100% and 91% for N0, N1a and N1b disease respectively, **p<0.001**. All cause specific deaths were due to distant metastases. The 5 year RFS was 98%, 90% and 78% for N0, N1a and N1b respectively, **p<0.001**. Gross ETE and the presence of pN1b disease were independently predictive of worse survival on multivariate analysis, conferring a x4 and a x10 risk of death respectively.

Tumor >4cm, presence of gross ETE and pN (1a and 1b) remained independent predictors of worse RFS conferring a x2, x3, x2 and x5 risk of recurrence respectively.

Discussion & Conclusion: Our results show that those older patients with PTC and N1b disease at presentation have poorer DSS and RFS compared to patients with N0 or N1a disease. The cause of death in these patients is due to distant rather than locoregional recurrence.