SPECTRUM OF THYROID GLAND TUMORS IN THE FIRST AND SECOND DEGREE RELATIVES OF PATIENTS WITH NON MEDULAR THYROID CARCINOMA

Mindruta-Stratan, Rodica[1]; Belev, Nicodim[1]; Stancul, Irina[1]; Pogonet, Vadim[1]
[1]PMSI Institute of Oncology, Chisinau, Moldova, Republic of

Background/Purpose: Family aggregation of thyroid cancer and "associated" benign tumors in one family rise questions about possible genetic predisposition for developing cancer in blood relatives.
Methods: Analysis of distribution of malignant tumors in I-st degree relatives (Idr) of 1135 patients surgically treated for thyroid tumors during 4 years period was studied and data introduced in a specially created program (Familial Cancer Register). I group-453 probands with thyroid carcinoma (TC), II group-thyroid carcinoma on adenoma background (TC/AB) -222, III group-thyroid adenoma (TA) -460.
Results: In the I-st group-2868 of Idr, 487(17.0±1.7%) had various malignant tumors: 49(1.7±1.8%) had TC; 86(3, 0±1.8%) had TA. From 1989 of IIdr 392(19, 7±2.0%) had different cancers - 33(1, 6±2.2%) had TC, 1(0, 05%) - TC/AB and 9(0, 4±2.2%) had TA.
In the II-nd group from 1414 of Idr 251(17, 7±2.4%) had various cancers: 27(1.9±2.7%) had TC, 45(3.2±2.6%) –TA. From 969 of IIdr 182(18,8±2.9%) had different cancers - 14(1, 4±3.2%) had TC and 7(0, 7±3.4%) - TA.
In the III-rd group from 2945 of I-dr 505(17.1±1.7%) had various cancers: 44(1.5±1.8%) – TC, 116(3, 9±1.8%) - TA. From 1985 of IIdr 317(16, 0±2.0%) had different cancers: 23(1,2±2.3%) –TC and 13(0, 6±2.2%) –TA.
Differences between groups are not statistically significant($p > 0,05$).
Discussion & Conclusion: Data of I-dr and II-dr of patients with NMTC obtained by clinical and genetic analysis using Familial Cancer Register show a much higher incidence of TC in all groups (14,2; 16; 12,5 respectively) than in the general population ($p>0,05$). This is an important reason for directing these families to dynamic monitoring and preventive interventions.