

## **ANAPLASTIC THYROID CANCER CURE WITH SURGERY ALONE**

Vallance, Abigail<sup>2</sup>; Leaning, Darren<sup>1</sup>; Nirsimloo, Rachel<sup>1</sup>; Johnson, Sarah<sup>3</sup>; Mallick, Ujjal<sup>1</sup>.

<sup>1</sup>NCCC, Newcastle Upon Tyne, Tyne and Wear, United Kingdom; <sup>2</sup>NCCC, Freeman Hospital, Newcastle Upon Tyne, Tyne and Wear, United Kingdom; <sup>3</sup>Royal Victoria Infirmary, Department of Cellular Pathology, Newcastle upon Tyne, Tyne and Wear, United Kingdom.

**Background/Purpose:** Anaplastic thyroid cancer (ATC) is a highly aggressive neoplasm with a median survival of around 6 months, a figure which has not improved over several decades. Tumour resection, if possible, is considered the most favourable prognostic factor. However even in patients with localised stage IVA disease multimodality treatment is used to control disease, and surgery with adjuvant chemo-radiotherapy is almost always advised.

**Methods:** We report the case of a 52 year old woman presenting with a rapidly enlarging thyroid mass. The patient underwent a total thyroidectomy and histology demonstrated anaplastic thyroid carcinoma with heterologous sarcomatoid elements. The resection margins were clear, there was no identified lymph node spread and staging showed no metastatic disease. The patient had no adverse prognostic factors and received no neo-adjuvant or adjuvant chemo-radiotherapy.

**Results:** The patient has been followed up with regular surveillance CT scans and remains disease free over 12 years post diagnosis.

**Discussion & Conclusion:** Although cases of long term disease free survival have been reported in patients treated with surgery and adjuvant or neo-adjuvant chemo-radiotherapy there are no previously reported cases of ATC patients seemingly cured by surgery alone. This case emphasises the role of optimal surgery in ATC with stage IVA disease particularly in patients with no adverse prognostic factors.