

SERIES OF CASES: A DESCRIPTIVE STUDY OF MANAGEMENT OF METASTATIC MEDULLARY THYROID CANCER.

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INTRODUCTION

There are new therapies indicated in medullary thyroid cancer (MTC) based on different molecular targets, that appear to be effective in some cases with advanced disease, although many are still under investigation.

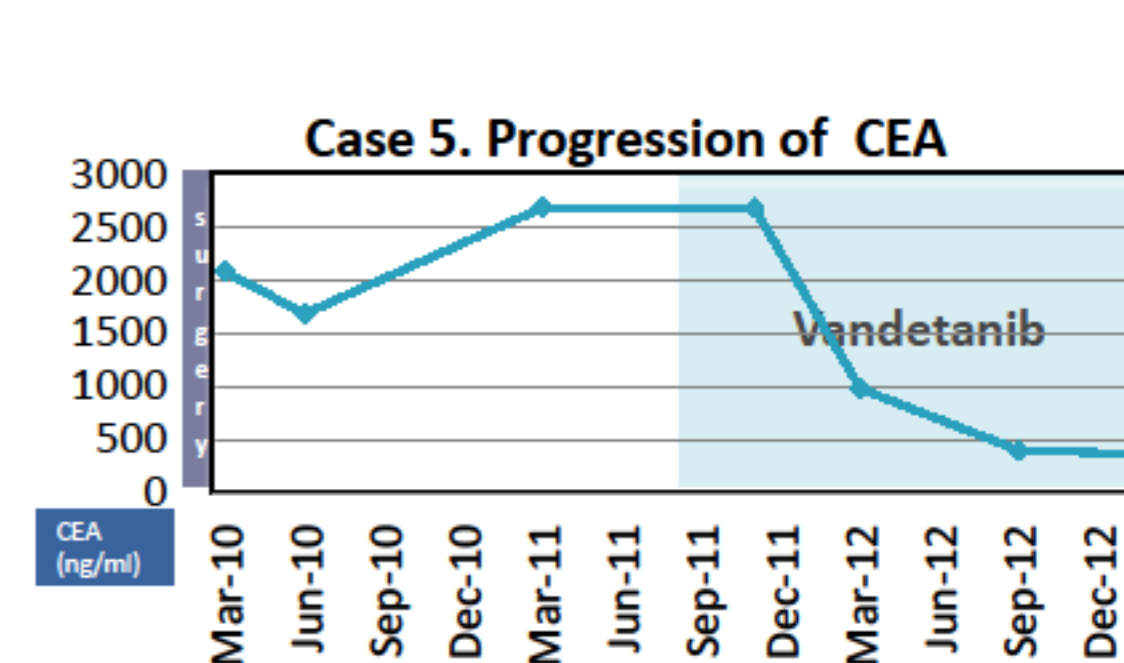
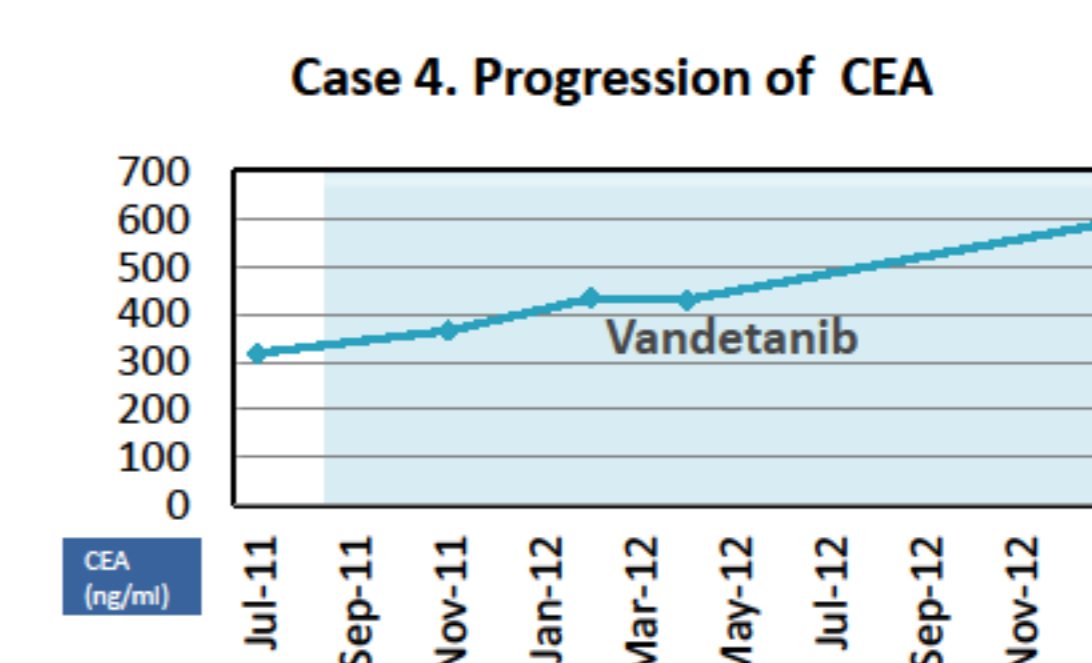
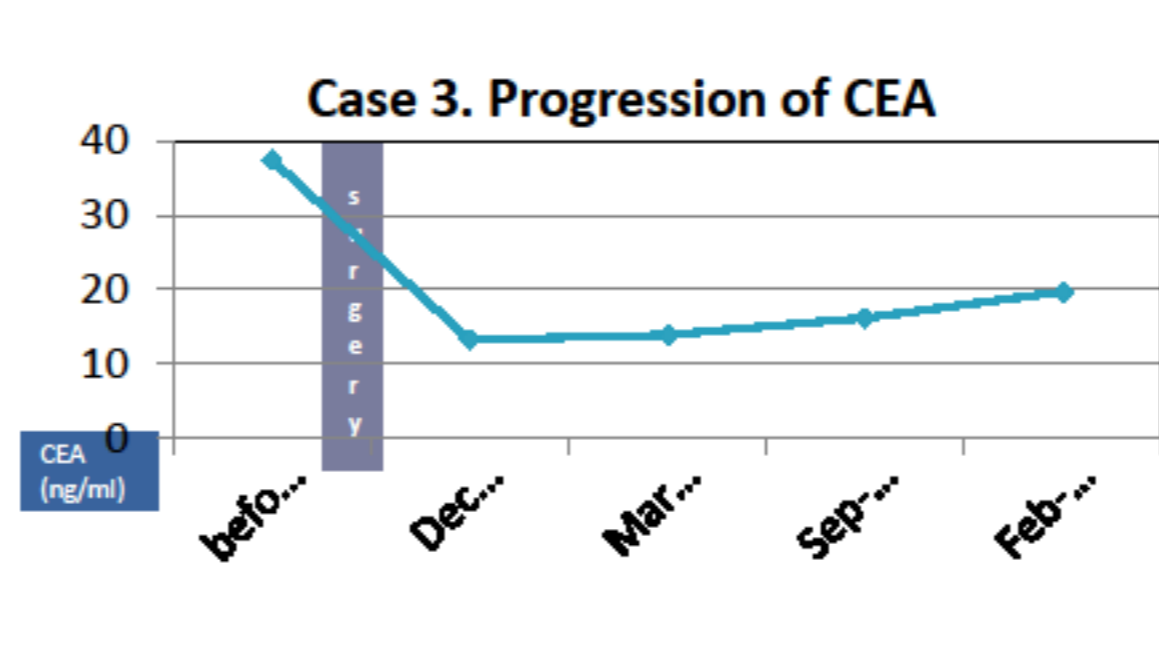
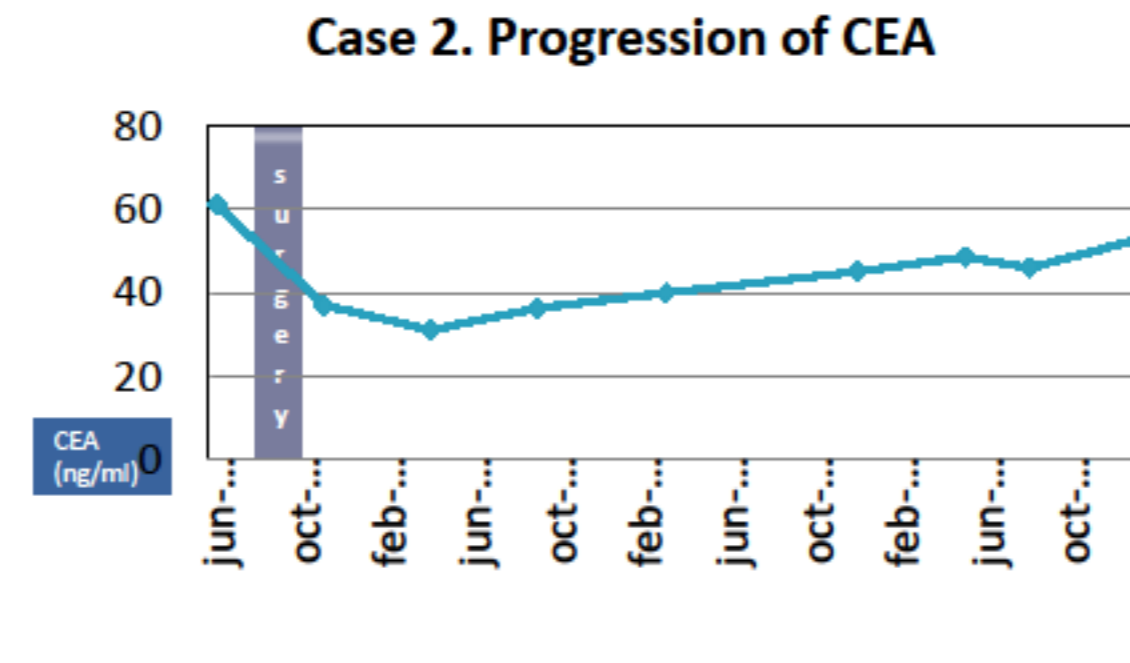
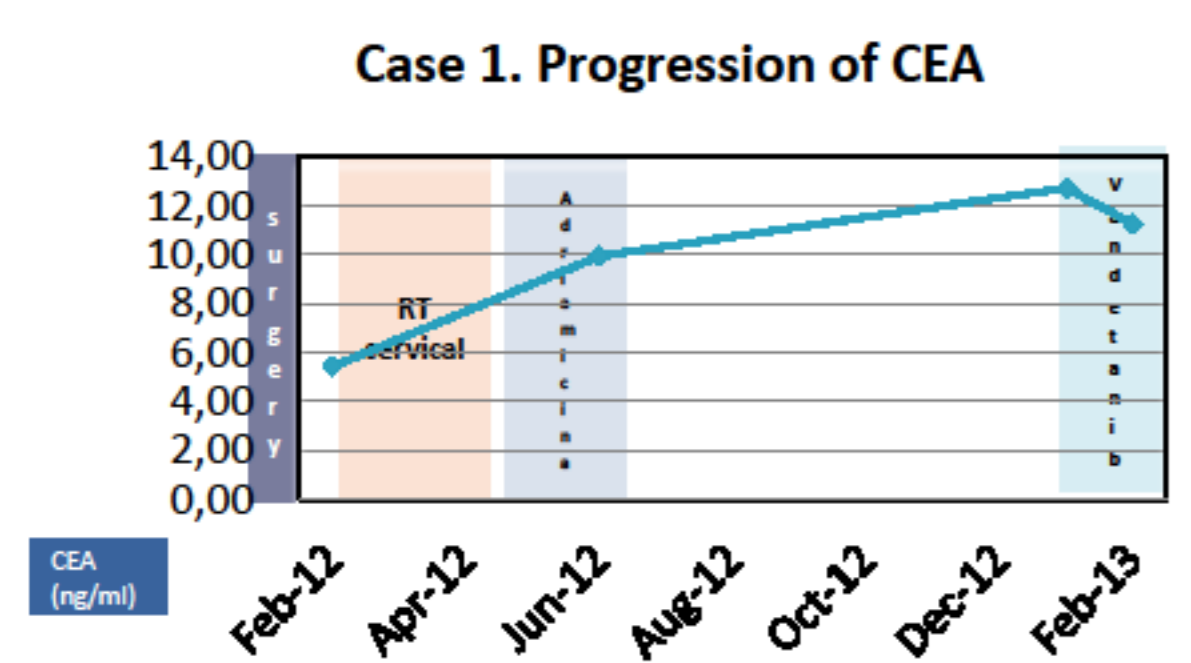
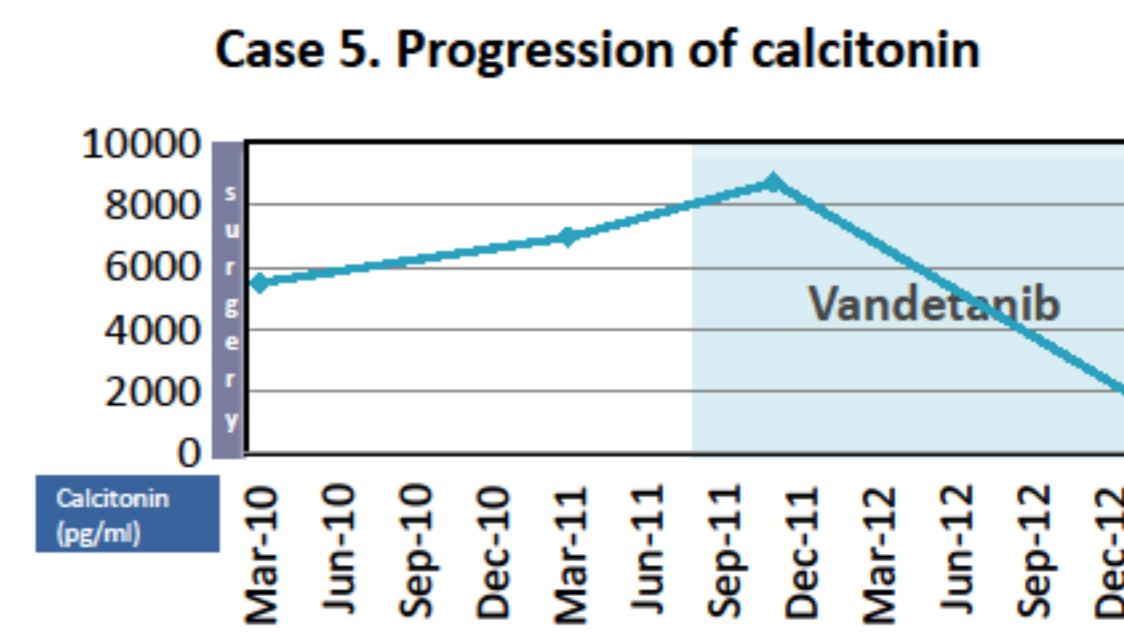
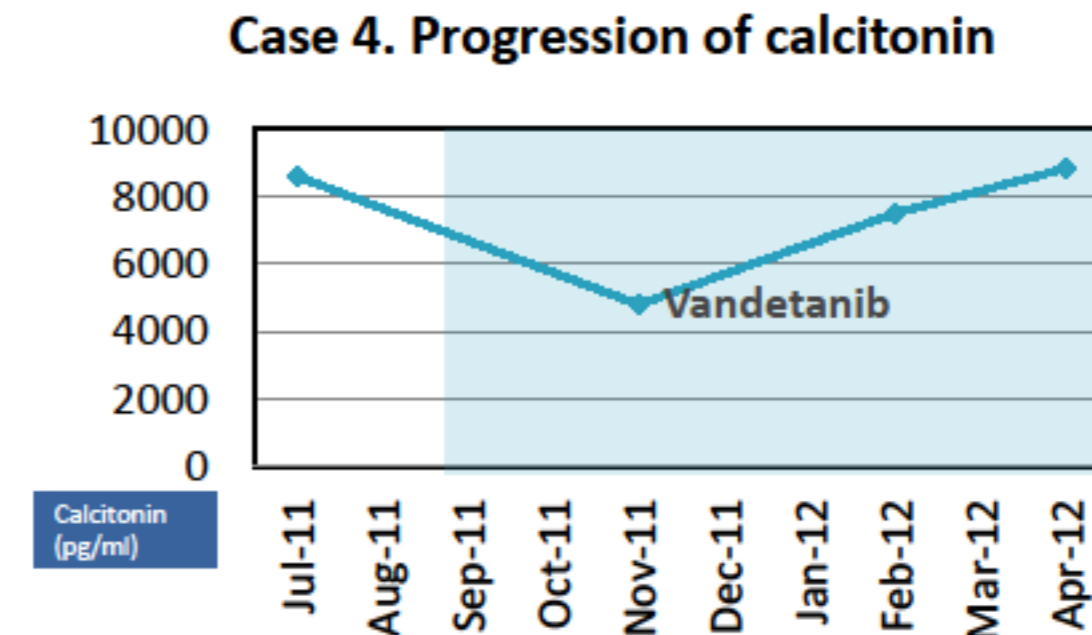
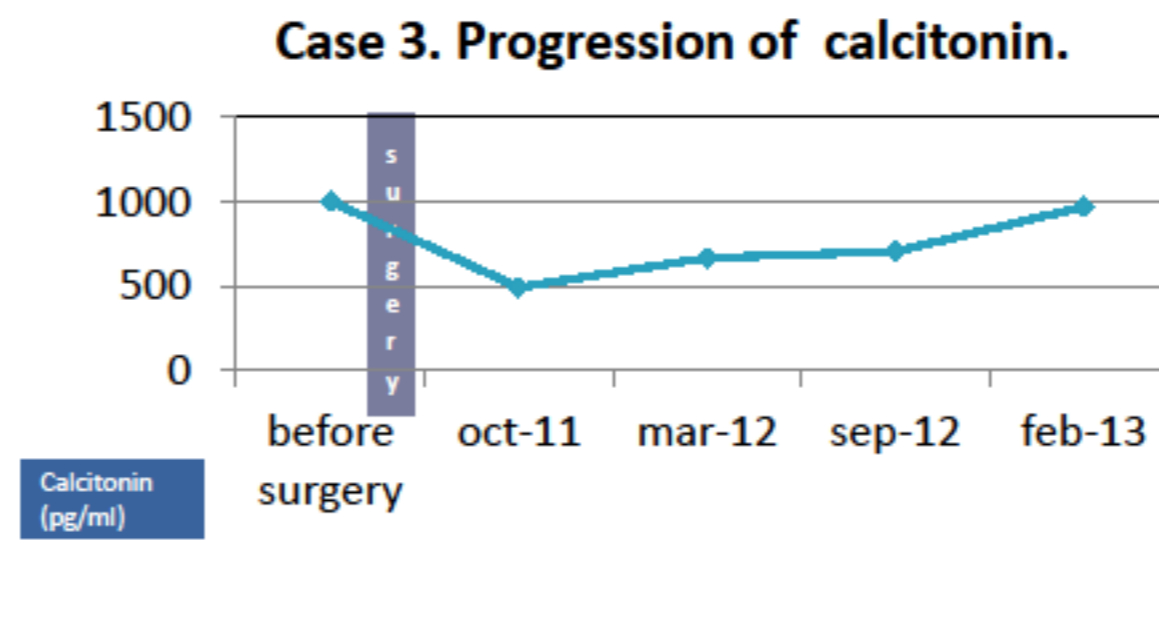
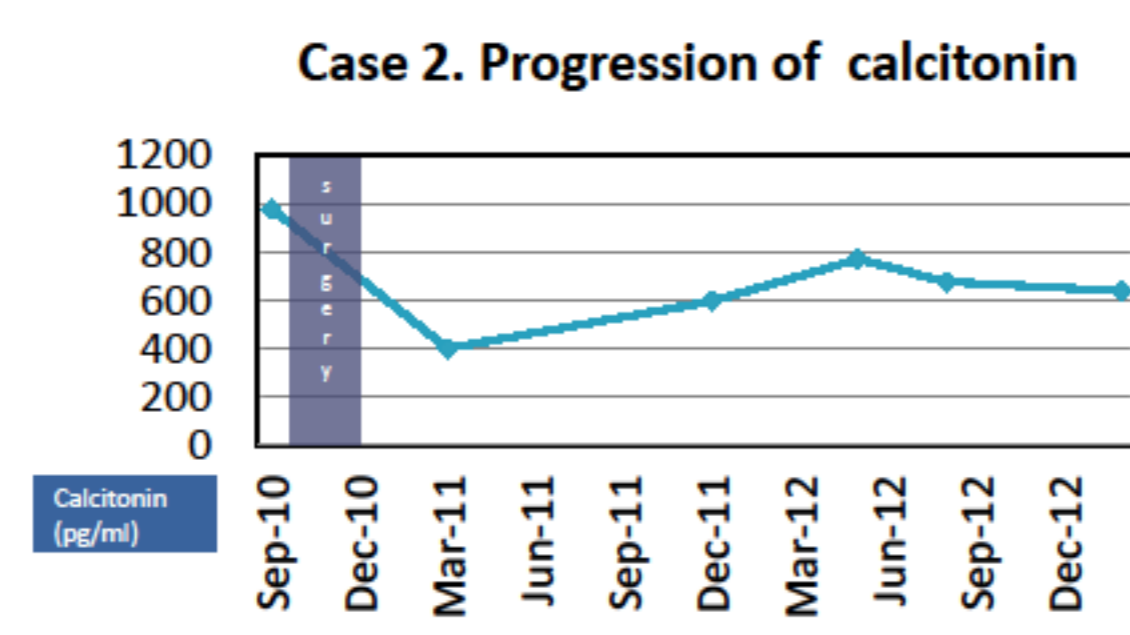
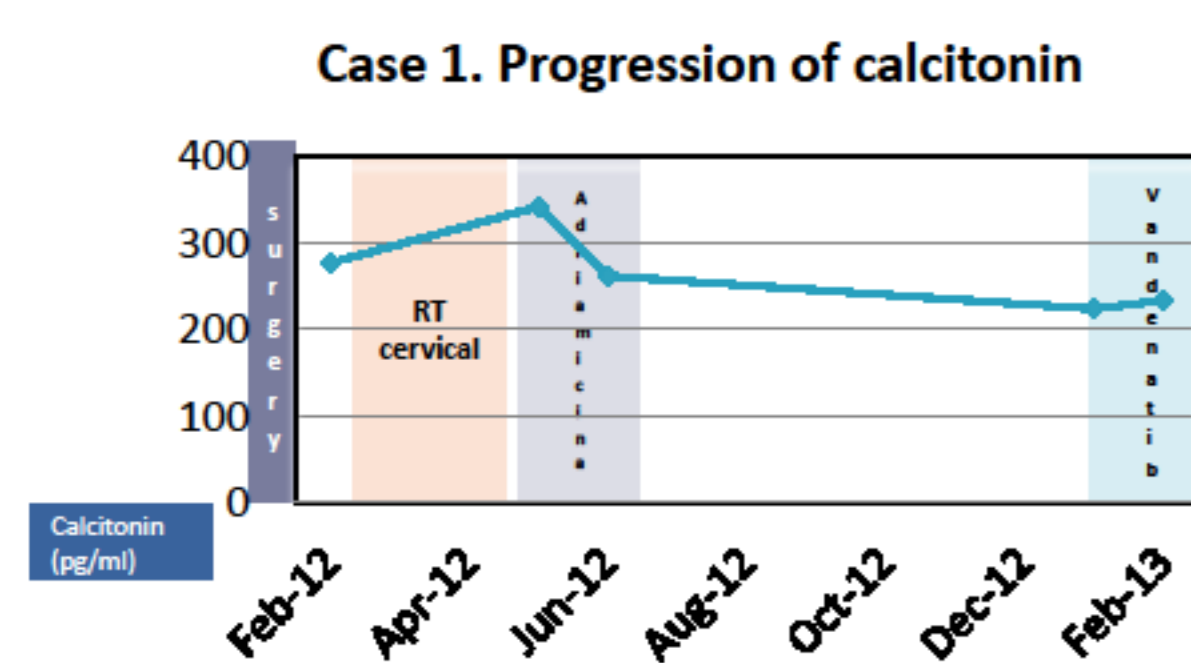
MATERIAL AND METHODS

We retrospectively evaluated 5 cases of medullary thyroid advanced carcinoma that later were referred to Oncology department for chemotherapy treatment by persistent disease after initial surgery or disseminated disease at diagnosis. All cases were sporadic.

| | |
|----------------------------------|-----------------|
| patients | 5 |
| Mean age | 52 ± 18.8 years |
| Woman | 80% |
| Middle follow up since diagnosis | 24.8 months |

RESULTS

| Case | Age | Sex | Surgery | Stage | Metástasis at diagnosis | persistent with local disease | value prior to the oncology evaluation | | RT | QT | advanced disease on radiologist studies | Vandetanib Toxicity | Follow up since diagnosis (months) |
|------|-----|-----|--|-------|--|--|--|-------------|-------------------------|---|--|--|------------------------------------|
| | | | | | | | Calcitonin (pg/ml) | CEA (ng/ml) | | | | | |
| 1 | 36 | F | total thyroidectomy and cervical lymphadenectomy | IV | No | Yes *residual tumor in the cervical area | 4.36 | 382 | Yes *Residual tumor. | *Adriamicina, *Vandetanib (100 mg/dia) | No *Slight decrease of cervical remains. | No | 16 |
| 2 | 61 | F | total thyroidectomy and cervical lymphadenectomy | IV | No | No | 399 | 39.9 | No | No | No PET hypermetabolic lesion in iliac bone diagnosed one year after the intervention, without progression does not correspond with metastasis on CT or MRI. | No | 30 |
| 3 | 31 | M | total thyroidectomy and cervical lymphadenectomy | IV | *right parahilar Lymphadenopathy of 2,1 cm | Yes *Hipermetabolic adenopathy in right anterior cervical region and a right parahilar in PET | 492 | 13.2 | No | No | No *Persistence and right anterior cervical adenopathy parahilar without enlargement. | No | 18 |
| 4 | 70 | F | No | IV | *Bilateral pulmonary micronodules * Liver metastases in both lobes. | No | 8600 | 318,2 | No | *Vandetanib (100 mg/d) | No *Stability in lung lesions. *Slight decrease in size of liver damage | Yes *Rash. *photosensitivity, (continued treatment.) | 22 |
| 5 | 73 | F | total thyroidectomy and cervical lymphadenectomy | IV | Blastic lesions in iliac bones, vertebral injury and sacrum | No | 5490 | 2075 | Yes *Bones lesions. | *Vandetanib (100 mg/dl) | *Persistent radiographic progression without bone lesions, treated with RT. | No | 38 |



CONCLUSIONS

- Patients with Vandetanib had certain laboratory and radiologic improvement, although more investigation of the long-term efficacy would be necessary.
- In our study, patients with asymptomatic metastatic MTC disease had persisted with radiologic and analytical stability despite not chemotherapy applied.
- These data are consistent with current recommendations about not to treat patients with these characteristics.

