OVERVIEW OF DIFFERENTIATED THYROID CANCER IN A TERTIARY HEALTH CARE CENTER IN THE CANARY ISLANDS

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INTRODUCTION

Our objective is to determine the profile of patients with differentiated thyroid cancer (DTC) attended in our center and the therapeutic approach employed.

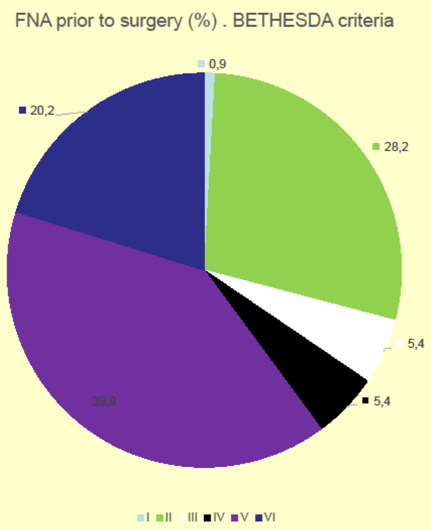
METHODS

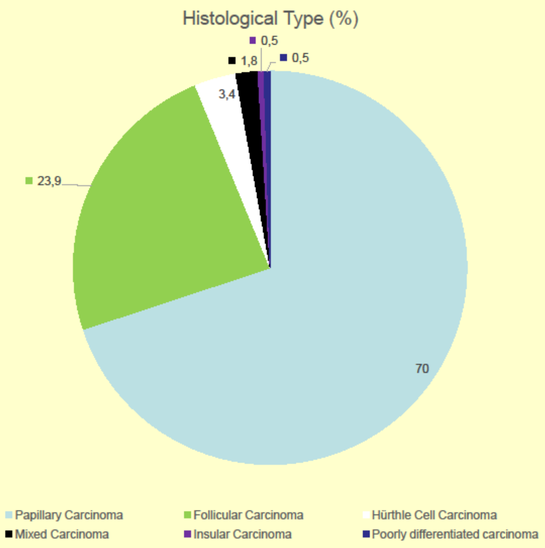
Retrospective review of medical records from patients attended for DTC during the years 2013 and 2014

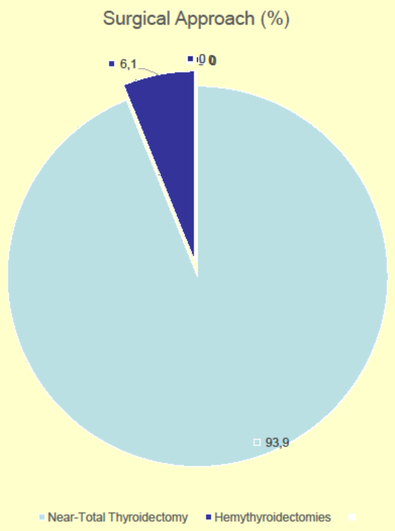
RESULTS

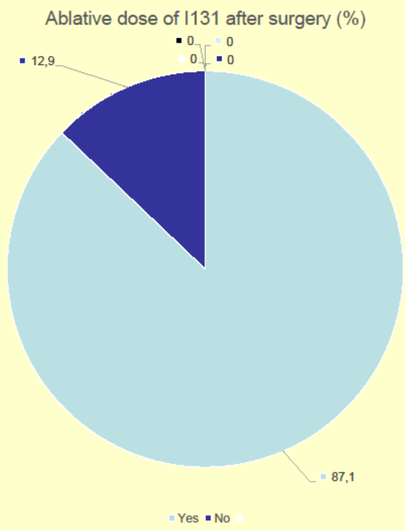
Data from 387 patients, 84% female, 96% Caucasian, mean follow up of 10.82 years. The average age at diagnosis was 44.24 years, 77% had normal thyroid function, and 42% positive thyroid autoimmunity. The fine needle aspiration (FNA) results prior to surgery (Bethesda criteria) were: Category (C) 1 0.9% of cases C2 28.2%, C5 39.9%, C6 20.2%, while the remaining 10.8% were shared between C3 and C4. 27.5% had more than one loci, with certain predilection for the right lobe (42.3%, 32% for left lobe, 5% in isthmus and 20.7% bilateral). Regarding the histological type, papillary carcinoma predominated, with 70% of cases, 27.3% were follicular carcinomas (including Hürthle cell carcinoma); the remaining 2.7% were shared between poorly differentiated, mixed forms and insular carcinoma. The surgical approach consisted in total or near-total thyroidectomy in 93.9% of cases, with only 6.1% being hemithyroidectomies; 87.1% of patients received an ablative dose of I-131 after surgery. 153 cases had enough data available for staging, stage I being predominant with 74.5% of cases (stages II, III and IV, 11.1%, 13.1% and 1.3% respectively). Only 2.1% had recurrent nerve paralysis, and 5.9% suffered persistent hypoparathyroidism.

BASELINE CHARACTERISTICS (mean values)	
Male (%)	16
Age (years)	44,24
Caucasian (%)	96
Follow up (years)	10,82
IMC (Kg/m2)	27,94
Cervical radiotherapy (%)	0,8
Familly history of DTC (%)	3,9
Family history of goiter (%)	4,4
Euthyroid / Hypo / Hyper (%)	76,9/16,4/6,6
TG Ab(%)	35,8
TPO Ab (%)	23
Multiple loci (%)	27,5
Left lobe / isthmus / right lobe / bilateral (%)	32/42,3/5/20,7









TNM AND STAGING AFTER SURGERY									
T		T1		T2		T3		T4	
172 (44,4%)	100%	80	46,5%	39	22,7%	33	19,2%	20	11,6%
N		N0		N1					
184 (47,5%)	100%	128	69,6%	55	29,9%				
M		M0		M1					
190 (49,1%)	100%	186	97,9%	4	2,1%				
Stage		I		II		III		IV	
153 (44,4%)	100%	74,5%		11,1%		13,1%		1,3%	

CONCLUSIONS

In our series the percentage of follicular neoplasms is higher than reported in the literature. Taking into account the recommendations from the 2015 guidelines of the American Thyroid Association, the therapeutic approach was overly aggressive, both for the extent of surgery and the subsequent use of I-131. However, the rate of severe complications resulting from surgery is not high.

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