INTRODUCTION: New techniques such as etapification ultrasound scan (EU) have lead to less invasive surgeries in Differentiated Thyroid Cancer (DTC). The trend in recent years has been to a reduction in the doses of radioiodine (RI) administered. Our hospital in 2013 incorporated these features to protocolize the administration of RI depending on the characteristics of the tumour and the initial thyroglobulin (Tg) levels, which may have had an impact in the response to treatment (RT) compared to our previous practice.

OBJECTIVE: Compare RT in patients with DTC between 2012-2013 treated with different protocols.

METHODS: Analysis of clinical records from patients that underwent Total Thyroidectomy for DTC. The Protocol of 2012 did not include EU and RI doses were: a) 100 mci without lymph nodes nor distant metastasis. b) 150 mci with lymph nodes and without distant metastasis. c) 200 mci with distant metastasis. Protocol of 2013 tab 1.

Patients were classified according to the ATA risk for recurrence scale. RT was evaluated after one year as excellent, acceptable or incomplete.

RESULTS: 84 patients from the 2012 protocol and 93 patients from the 2013 protocol were analyzed. Age, sex and histology were comparable between both groups. The 2013 group underwent more conservative surgeries with a lower percentage of patients undergoing lateral dissections. Tab 2.

The ATA risk distribution was comparable between the two groups (p=0.978). RI dosages administered to the 2013 group were significantly lower according to their risk group tab 3. The RT distribution at one year follow up was similar between both groups. The percentage of patients with an excellent response was comparable in the three ATA categories. Fig 1 a 3.

CONCLUSIONS: We observed that the 2013 protocol has a RT comparable to the 2012 protocol. This allowed us to perform less invasive surgeries due to the incorporation of EU and it supports the use of lower doses of RI.

REFERENCES:
1. Estimating risk of recurrence in differentiated thyroid cancer after total thyroidectomy and radioactive iodine remnant ablation: using response to therapy variables to modify the initial risk estimates predicted by the new American Thyroid Association staging system. Tuttle RM, et al. Thyroid. 2010.