Assessment of efficacy with radioiodine treatment in Benign Hyperthyroid disease across two centres

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INTRODUCTION
- The indications of Radioiodine (131I) in benign thyroid disease include therapy for hyperthyroidism - Graves’ disease, Toxic goitre (solitary toxic adenomas or multinodular goitre) and euthyroid goitre

AIMS OF THE PROJECT
- Establish demographics and prevalence of the treatment population
- To ensure dosage and indication compliance with national guidelines
- To determine the efficacy of the treatment through thyroid function outcomes

METHOD
- Retrospective data collection
- Excel database used
- Data collected for all patients receiving Radioiodine treatment for benign thyroid conditions between 1st June 2015 and 1st June 2016
- Across two prescribing sites:
  - Site 1 = endocrinology trained prescriber
  - Site 2 = oncology trained prescriber

RESULTS
- 45 patients identified having radioiodine treatment during time period analysed, two of whom were lost to follow up and therefore excluded

AETIOLOGY FOR RADIOIODINE THERAPY

<table>
<thead>
<tr>
<th>AETIOLOGY</th>
<th>Site 1</th>
<th>Site 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graves Disease</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Toxic MNG</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Toxic Adenoma</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Retrosternal goitre</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

EYE DISEASE
- All patients had active eye disease excluded

CONCLUSION
- There was appropriate adherence to national guidance* at both sites and lower doses were used with similar efficacy. Hence further comparisons with other centres using dosage calculations may be a useful guide in reflective practice
- Thyroid eye clinics for exclusion and stabilisation of eye disease prior to radioiodine treatment should be utilised (where possible) to exclude active Thyroid Eye Disease
- Raising awareness of effectiveness and safety of radioiodine to instigate earlier referral in recurrent thyrotoxicosis of benign thyroid disease
- Need to have longer term follow up to include relapse rates & also future hypothyroidism in RAI treated patients

REFERENCE