
XXXIII CONGRESSO NAZIONALE AIRO
AIRO2023
BOLOGNA,
27-29 OTTOBRE 2023
PALAZZO DEI CONGRESSI
Radioterapia Oncologica: l'evoluzione al servizio dei pazienti
Associazione Italiana
Radioterapia e Oncologia clinica

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CARCINOMI PAPILLARI T1 DELLA TIROIDE: ANALISI RETROSPETTIVA MONOCENTRICA

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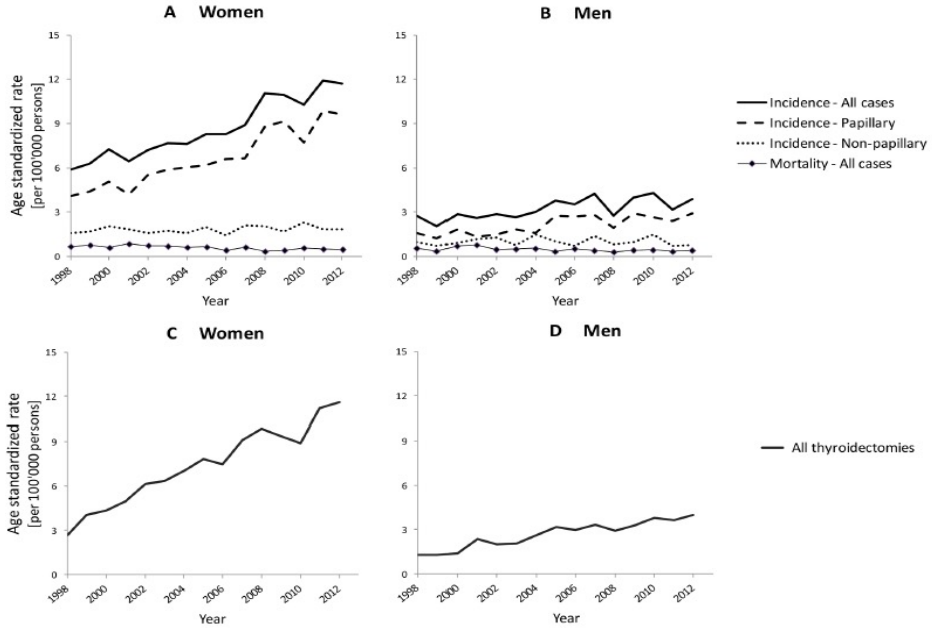
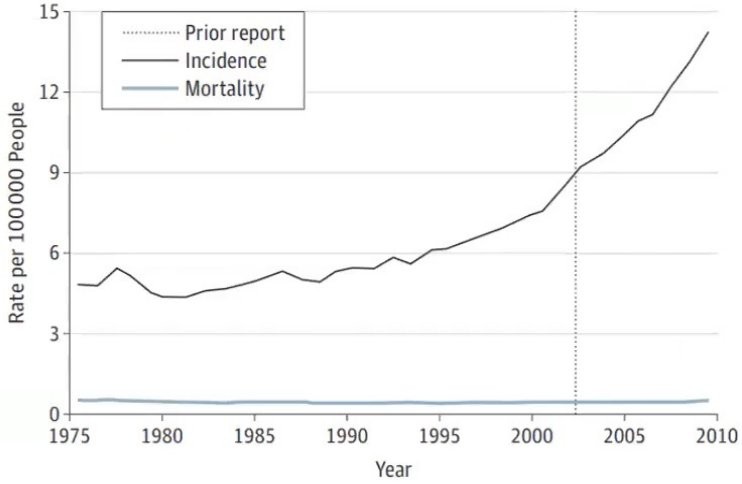
Associazione Italiana
Radioterapia e Oncologia clinica

INCIDENCE OF THYROID CANCER





Jegerlehner, PlosOne 2017
Davies, JAMA Otolaryngol Head Neck Surg. 2014

TX Primary tumor cannot be assessed
T0 No evidence of primary tumor
T1 Tumor 1 cm or less in greatest dimension limited to the thyroid
T2 Tumor more than 1 cm but not more than 4 cm in greatest dimension limited to the thyroid
T3 Tumor more than 4 cm in greatest dimension limited to the thyroid
T4 Tumor of any size extending beyond the thyroid capsule

TNM 5 ed

Primary Tumor (T)
Note: All categories may be subdivided: (s) solitary tumor and (m) multifocal tumor (the largest determines the classification).

TX Primary tumor cannot be assessed
T0 No evidence of primary tumor
T1 Tumor 2 cm or less in greatest dimension limited to the thyroid
T1a Tumor 1 cm or less, limited to the thyroid
T1b Tumor more than 1 cm but not more than 2 cm in greatest dimension, limited to the thyroid
T2 Tumor more than 2 cm but not more than 4 cm in greatest dimension limited to the thyroid
T3 Tumor more than 4 cm in greatest dimension limited to the thyroid or any tumor with minimal extrathyroid extension (e.g., extension to sternothyroid muscle or perithyroid soft tissues)
T4a Moderately advanced disease
Tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve
T4b Very advanced disease
Tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels

All anaplastic carcinomas are considered T4 tumors
T4a Intrathyroidal anaplastic carcinoma
T4b Anaplastic carcinoma with gross extrathyroid extension

TNM 6-7 ed

T – Primary Tumour[*]

TX Primary tumour cannot be assessed

To No evidence of primary tumour

T1 Tumour 2.cm or less in greatest dimension, limited to the thyroid
T1a Tumour 1.cm or less in greatest dimension, limited to the thyroid
T1b Tumour more than 1.cm but not more than 2.cm in greatest dimension, limited to the thyroid
T2 Tumour more than 2.cm but not more than 4.cm in greatest dimension, limited to the thyroid
T3 Tumour more than 4.cm in greatest dimension, limited to the thyroid or with gross extrathyroidal extension invading only strap muscles (sternohyoid, sternothyroid, or omohyoid muscles)
T3a Tumour more than 4.cm in greatest dimension, limited to the thyroid
T3b Tumour of any size with gross extrathyroidal extension invading strap muscles (sternohyoid, sternothyroid, or omohyoid muscles)
T4a Tumour extends beyond the thyroid capsule and invades any of the following: subcutaneous soft tissues, larynx, trachea, oesophagus, recurrent laryngeal nerve
T4b Tumour invades prevertebral fascia, mediastinal vessels, or encases carotid artery

TNM 8 ed

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Thyroidectomy without Radioiodine in Patients with Low-Risk Thyroid Cancer

S. Leboulleux, C. Bournaud, C.N. Chougnet, S. Zerdoud, A. Al Ghuzlan, B. Catargi, C. Do Cao, A. Kelly, M.-L. Barge, L. Lacroix, I. Dygai, P. Vera, D. Rusu, O. Schneegans, D. Benisvy, M. Klein, J. Roux, M.-C. Eberle, D. Bastie, C. Nascimento, A.-L. Giraudet, N. Le Moullec, S. Bardet, D. Drui, N. Roudaut, Y. Godbert, O. Morel, A. Drutel, L. Lamartina, C. Schvartz, F.-L. Velayoudom, M.-J. Schlumberger, L. Leenhardt, and I. Borget

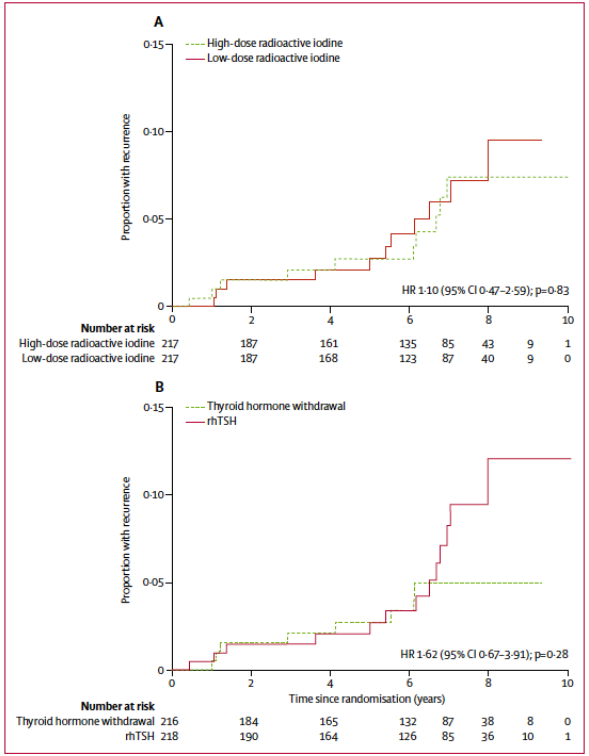
ABSTRACT

Recurrence after low-dose radioiodine ablation and recombinant human thyroid-stimulating hormone for differentiated thyroid cancer (HiLo): long-term results of an open-label, non-inferiority randomised controlled trial

Hakim-Moulay Dehbi, Ujjal Mallick, Jonathan Wadsley, Kate Newbold, Clive Harmer, Allan Hackshaw

Table 2. Number and Type of Events Occurring during 3 Years (Per-Protocol Population).*

Variable	Radioiodine (N=363)		No Radioiodine (N=367)		Between-Group Difference†
	no.	*% (95% CI)*	*no.*	*% (95% CI)*	*percentage points (90% CI)*
Primary composite end point					
No primary event during 3 yr	348	95.9 (93.3 to 97.7)	351	95.6 (93.0 to 97.5)	−0.3 (−2.7 to 2.2)
Occurrence of event during 3 yr	15	4.1 (2.3 to 6.7)	16	4.4 (2.5 to 7.0)	



AIM OF THE STUDY

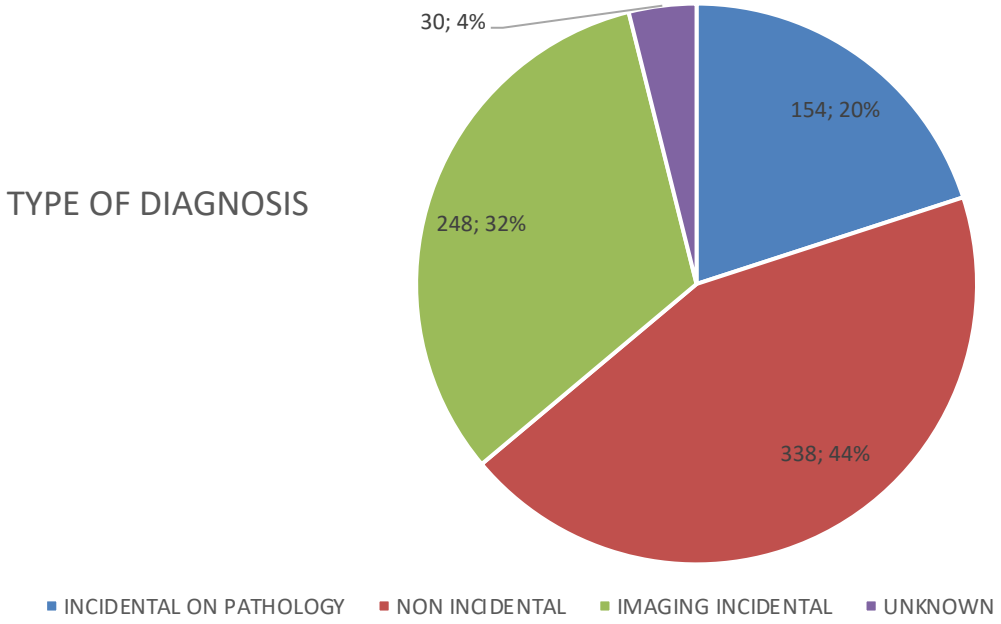
To evaluate the clinic-pathologic features and the oncologic outcome of patients diagnosed with T1 N0 papillary thyroid carcinoma (PTC).

MATERIAL AND METHODS

- Monocentric retrospective analysis of patients affected with T1 N0 stages papillary carcinoma of the Thyroid
- Period of observation: between 2000 and 2020.
- All patients were restaged with TNM 8th edition.
- Primary endopoint: Relapse Free Survival
- Secondary end points: Overall Survival and Comparison of newly diagnosed T1 with restaged T1
- Descriptive statistics for:
  - patients and disease characteristics
  - type of treatment
  - incidence of recurrence
  - vital status at the last follow up.
- Survival with Kaplan-Maier method.

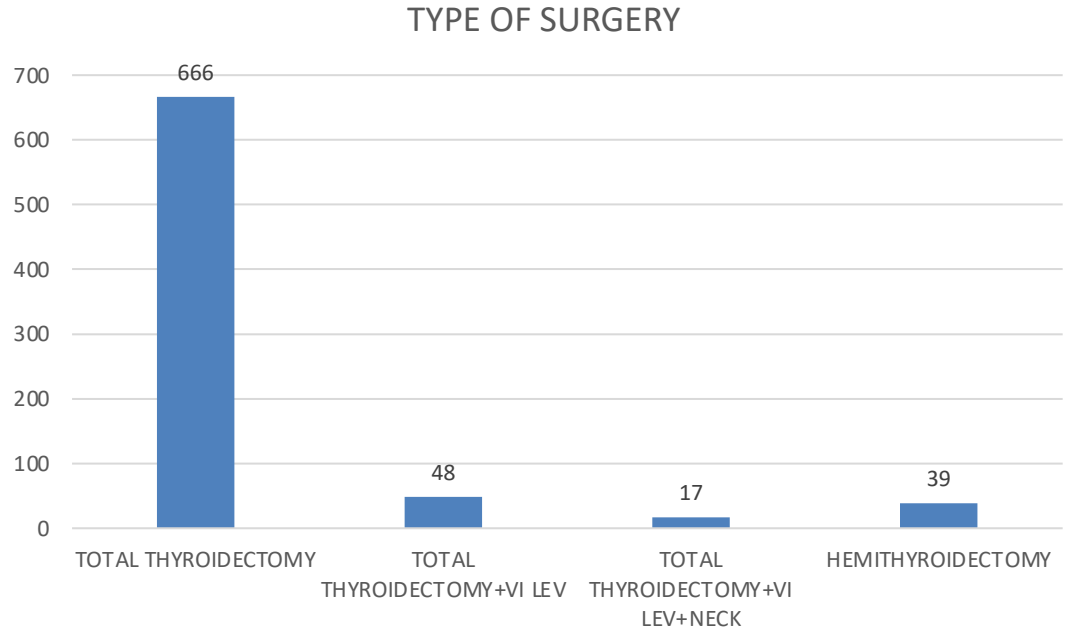
RESULTS

- Between 2000 and 2020: **1318** patients treated
- Patients meeting the inclusion criteria of this study: **770**
- Median age was 51 years (range 13-82years)
- 611 were females

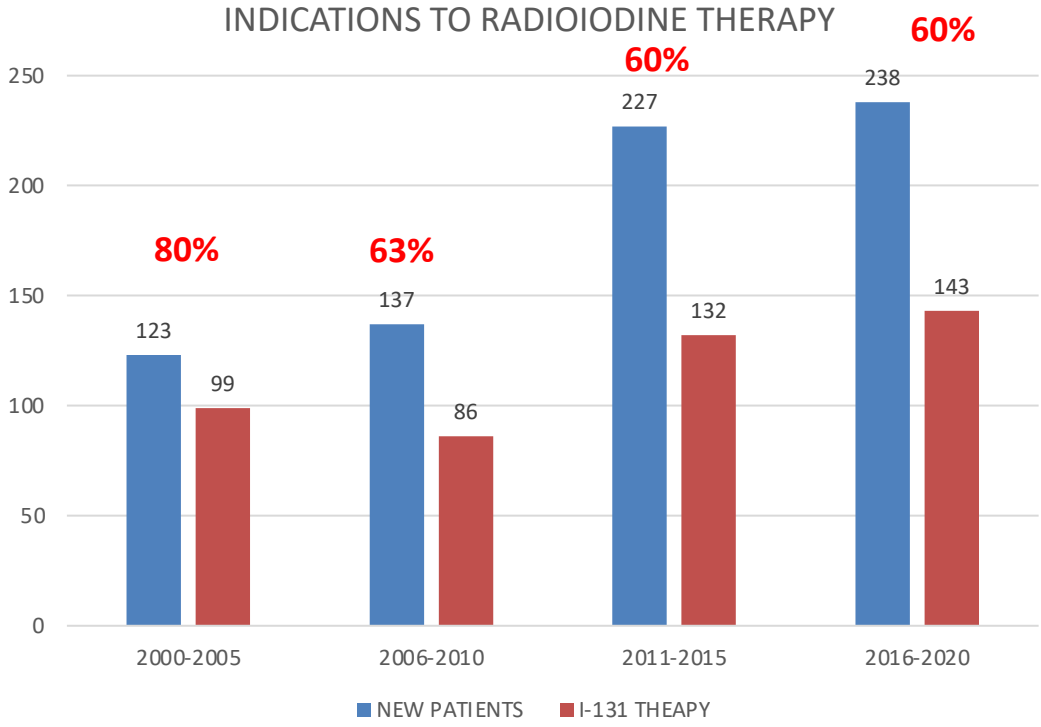


RESULTS

- MEDIAN DIAMETER: 10mm
- UNFAVORABLE VARIANTS: 45 (6%) CASES

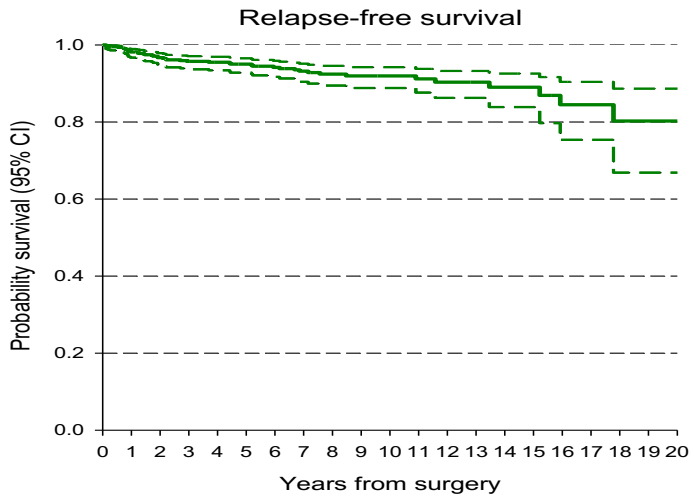


- After surgery 476 (62%) received adjuvant radioiodine therapy with a median activity of 100mCi.
- According to previous TNM editions, 8, 116 and 1 patients were classified as T2, T3 and T4, respectively.

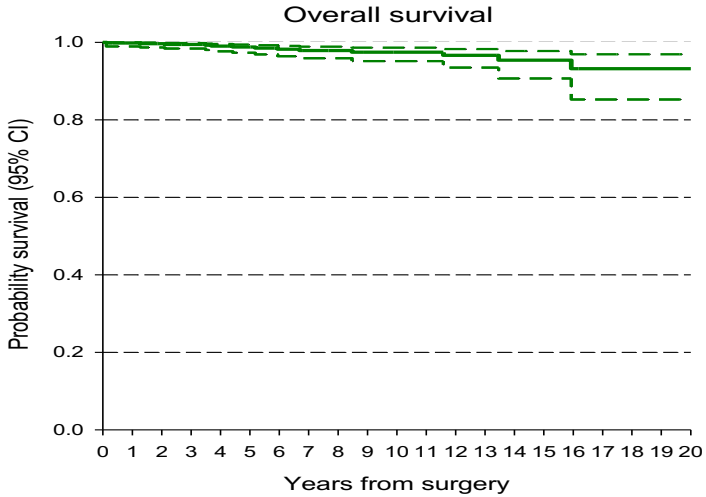


RESULTS

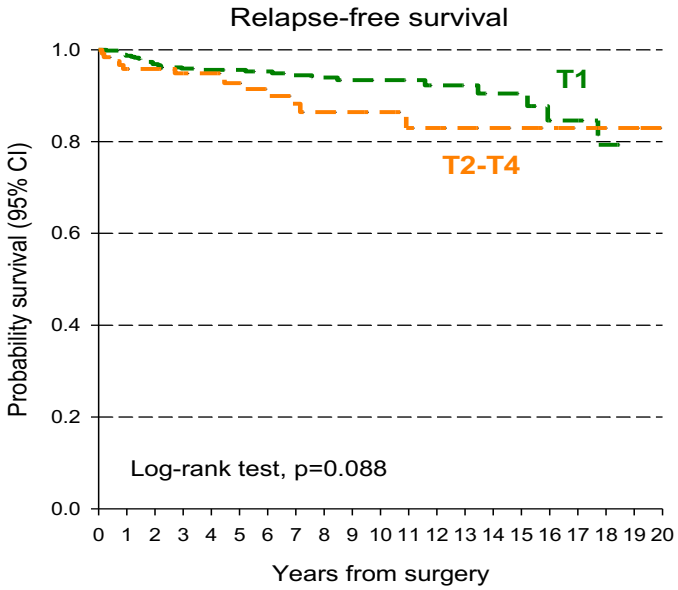
- In 30 (4%) out of 770 patients, recurrent disease was diagnosed after a median time of 22.5 months (range 2-239 months).
- Nodal recurrence in the neck, distant metastases (lung) and biochemical only recurrence was found in 25 (**83%**), 3 and 2 patients, respectively

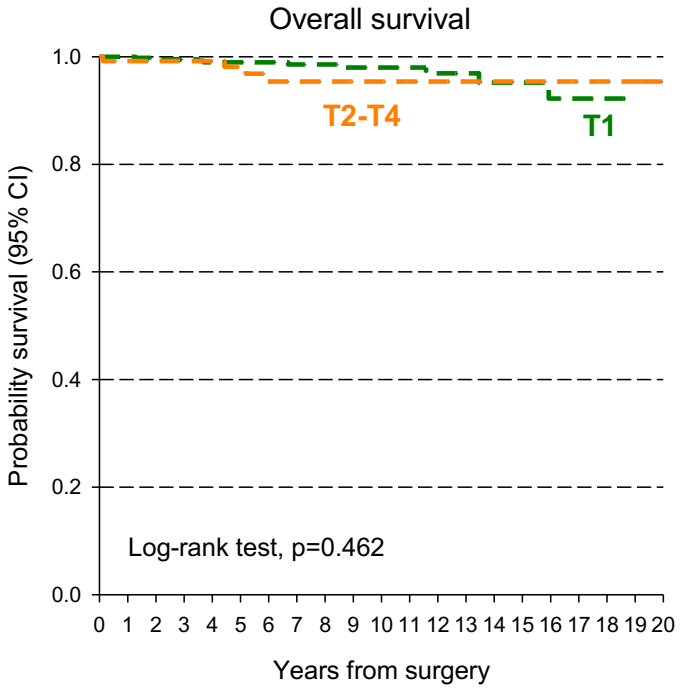


5 years: 95.0% (92.8-96.6)
10 years: 92.0% (88.9-94.3)
15 years: 89.0% (83.9-92.6)
20 years: 80.3% (66.9-88.7)



5 years: 98.8% (97.3-99.5)
10 years: 97.5% (95.2-98.7)
15 years: 95.4% (90.7-97.8)
20 years: 93.2% (85.3-96.9)


Relapse-free survival
Probability survival (95% CI)
1.0
0.8
0.6
0.4
0.2
0.0
T1
T2-T4
Log-rank test, p=0.088
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Years from surgery


Overall survival
Probability survival (95% CI)
1.0
0.8
0.6
0.4
0.2
0.0
T2-T4
T1
Log-rank test, p=0.462
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Years from surgery

CONCLUSIONS

- Stage T1 PTC is a favorable disease characterized by good prognosis
- Low rates of recurrence and very low rate of mortality. In our cohort 4% of patients experienced recurrence and only 1 patient died due to progressive disease
- Our results are in line with literature concerning epidemiology (overdiagnosis) and for the trend in treatment deintensification
- Multidisciplinarity and follow up protocols are mandatory to identify patients at risk of relapse that can occour several years after the primary treatment

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