TEN BEST READINGS ON THYROID CANCER

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The ten best articles in the medical literature relating to thyroid cancer are reviewed here.


A set of minimum clinical guidelines for use by primary care physicians in the evaluation and management of patients with thyroid nodules or thyroid cancer has been developed by consensus by an 11-member Standards of Care Committee of the American Thyroid Association.


Fine-needle aspiration is a low-cost diagnostic tool, the principal value of which is to determine which patients should undergo surgery. Cytologic criteria for diagnosis of the most frequent malignancies found in thyroid aspirates are provided.


It is difficult to find evidence-based guidelines for issues relating to initial radioiodine ablation and subsequent 131I diagnostic and therapeutic interventions. This article provides a good summary of the available evidence.


Because the five variables needed for MACIS scoring (metastasis, patient age, completeness of resection, local invasion, and tumor size) are readily available after primary operation, such a prognostic system can have widespread applicability in assessment of papillary thyroid cancer.

Mazzaferri EL, Jhiang SM. Long-term impact of initial surgical and medical therapy on papillary and follicular thyroid cancer. Am J Med. 1994;97:418-428.

This study addresses the effect of prognostic factors and management interventions on the long-term outcomes of papillary and follicular thyroid cancer.


The 10-year survival for low-, intermediate-, and high-risk groups was 98%, 88%, and 56%, respectively, and the 20-year survival for the same groups was 97%, 87%, and 49%, respectively. Adverse prognostic factors included age older than 45 years, Hürthle cell variety, extrathyroidal extension, tumor size exceeding 4 cm, and the presence or absence of distant metastasis.

Ozata M, Suzuki S, Miyamoto T, et al. Serum thyroglobulin in the follow-up of patients with treated differentiated thyroid cancer. J Clin
The value of thyroglobulin levels in the management of differentiated thyroid cancer is debated. This article reviews some of the available information.


The introduction of FNA reduces thyroid operations by 25% and increases the yield of carcinoma from 14% to at least 30%. With an improvement in surgical selectivity, the yield of carcinoma has increased, and the impact of FNA on thyroid practice has been substantial. The economic impact of FNA biopsy is considerable and makes this test a useful and cost-effective procedure.


The survival rates of patients who underwent shave excision were not different from those of patients who underwent radical tumor resection if gross tumor did not remain. Tumors with minimal invasion may be treated by shaving tumor from the aerodigestive tract. Gross intraluminal involvement should be resected completely to prevent complications.


This article presents an excellent review of the RET proto-oncogene in MEN type 2 and Hirschsprung’s disease.

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**RETRACTION**

In the Ten Best Readings on Blood and Marrow Transplantation, which appeared in the September/October 1998 issue of Cancer Control, a report was included by W.R. Bezvoda and colleagues indicating that high-dose chemotherapy followed by stem cell rescue results in a significant proportion of complete remissions and prolonged survival in patients with metastatic breast cancer. This research has been discredited and the authors have withdrawn the results. The article was cited as follows: Bezvoda WR, Seymour L, Dansey RD. High-dose chemotherapy with hematopoietic rescue as primary treatment for metastatic breast cancer: a randomized trial. *J Clin Oncol*. 1995;13:2483-2489.