

Hashimoto's Raises Risk of Thyroid Cancer

BY MITCHEL L. ZOLER
Philadelphia Bureau

PALM BEACH, FLA. — Patients with Hashimoto's thyroiditis had a threefold increased risk of also having a well-differentiated thyroid cancer, compared with other patients undergoing thyroid resection, based on a review of 802 patients treated at one center.

The review also found no link between Hashimoto's thyroiditis (HT) and thyroid lymphoma. Both findings diverge from reports by other groups, which documented a high lymphoma incidence but no increased rate of papillary or follicular thyroid cancers. Dr. B. Mark Evers said at the annual meeting of the Southern Surgical Association.

"There is an association between the inflammation of Hashimoto's thyroiditis and well-differentiated cancers, as in the stomach and colon," said Dr. Evers, professor of surgery at the University of Texas, Galveston. "I'm not sure why we saw more [of an association] than the published literature. This was a carefully done study."

"This is an important observation. It's discordant with most of the published literature. If true, it would have broad ramifications," commented Dr. Robert Udelsman, professor and chairman of surgery at Yale University in New Haven, Conn.

Dr. Evers and associates reviewed all patients who had a thyroid resection at his institution during 1987-2002. The 802 patients included 155 patients with a well-differentiated thyroid cancer only, 52 patients with HT only, 43 with both thyroid cancer and HT, and 552 patients who underwent a resection for another reason, often for laryngectomy. Papillary cancers were 88% of all thyroid cancers, and follicular were another 7%.

Thyroid cancer was about three times more common among patients with Hashimoto's thyroiditis, compared with those in the series without HT, "a strong link between inflammation and thyroid cancer," said Dr. Shawn D. Larson, a surgeon at the University of Texas, Galveston, and a collaborator on the study.

Further analysis showed no association between HT or thyroid cancer and age, gender, race, tumor size, or tumor aggressiveness based on extent of lymph-node involvement and tumor stage.

The demographic and clinical profile of the thyroid cancer patients treated in the Galveston study was compared with more than 22,000 thyroid cancer patients from a database kept by the National Cancer Institute. It showed the Galveston patients were typical, compared with all U.S. patients.

Immunopathology studies of fixed thyroid specimens from randomly selected patients in all four subgroups showed that two proteins involved in cell growth and inflammatory responses were elevated to similar levels in patients with Hashimoto's thyroiditis and those with thyroid cancers, and added support for the hypothesis that the two clinical conditions are linked. ■

Teen Insulin Resistance Unidentified

BY PATRICE WENDLING
Chicago Bureau

TUCSON, ARIZ. — There are 1.2 million previously unidentified normal-weight adolescents nationally who may be at increased risk of insulin resistance, Dr. Ann Rodden, said at the annual meeting of the North American Primary Care Research Group.

Adolescents with a body mass index (BMI) in the 75th to 84.9th percentile and

those who have low levels of physical activity were at increased risk for insulin resistance, according to data obtained in a secondary analysis of the National Health and Nutrition Examination Survey (NHANES) during 1999-2002.

Prevalence estimates suggest that more than 8.5 million American adolescents have insulin resistance. Of these, more than 1.2 million are in the 75th to 84.9th BMI percentile. The American Diabetes Association considers adolescents with a

BMI at or above the 85th percentile to be at risk for insulin resistance, said Dr. Rodden, department of family medicine, Medical University of South Carolina, Charleston.

"There is a population of adolescents that right now we do not consider to be at risk of insulin resistance and that we should be looking at in addition to those already identified," she said.

The analysis was based on a nationally representative sample of 1,806 non-

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diabetic, nonpregnant adolescents aged 12-19 years who were participating in the NHANES study. Insulin resistance was calculated using the Homeostasis Model Assessment (HOMA) method, with a value of more than 3.16 used as the cutoff for insulin resistance.

Of these, 581 adolescents had insulin resistance, representing 30,855,840 adolescents in the U.S. population. Their mean age was 15 years. Overall, 28% of all females and 27% of all males who were evaluated had insulin resistance. Among individual ethnic groups, whites were less likely to have insulin resistance (28.2%) than were blacks (34.9%) or His-

panics (34.5%). Among those who reported physical activity levels of less than an hour a week of heavy activity, 38% had insulin resistance.

Only 9.2% of those in the under-50th BMI percentile and 13.3% in the 50th to 74.9th percentile had insulin resistance. Of note was that about one-third (33.8%) of normal-weight adolescents in the 75th to 84.9th BMI percentile had insulin resistance, as did 37.8% in the 85th to 94.9th percentile

and 72.8% in the 95th or higher BMI percentile, Dr Rodden reported.

With a logistic regression analysis adjusting for age, ethnicity, gender, poverty income ratio, and carbohydrate intake, the odds of developing insulin resistance were four times higher for adolescents in the 75th to 84.9th percentile (odds ratio 4.28) and the 85th to 94.9th percentile (OR 4.30), and nearly 18 times higher for overweight adolescents in the 95th or higher percentile

(OR 17.91). The risk was not significantly increased for adolescents in the two lowest BMI percentiles.

Being less active was also significantly associated with increased risk of insulin resistance, particularly among those with less than an hour a week of heavy activity (OR 4.38). But cardiovascular fitness level was not. This finding suggests that physical activity may have metabolic benefits irrespective of the level of fitness achieved, Dr. Rodden said.

The study was limited by the lack of a universally accepted definition for insulin resistance in adolescents, and self-reported physical activity data. ■

There is an adolescent population that is not considered to be at risk of insulin resistance but that should also be identified.

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