

Poor Mortality With Anaplastic Thyroid Cancer

BY BRUCE JANCIN
Denver Bureau

VANCOUVER — Anaplastic thyroid cancer patients under age 60 at diagnosis or who have only intrathyroidal tumor are more likely to escape the generally extremely poor prognosis of this malignancy, Electron Kebebew, M.D., said at the annual meeting of the American Thyroid Association.

Aggressive multimodal therapy featuring surgical resection plus electron beam radiation appears to result in improved



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DR. KEBEBEW

survival, added Dr. Kebebew of the University of California at San Francisco.

Anaplastic thyroid cancer is one of the most aggressive of all human malignancies. It makes up fewer than 2% of cases of thyroid cancer but accounts for the majority of deaths.

Late Mortality 'Troubling' in Teen Thyroid Ca

VANCOUVER — Physicians may be winning the battle against pediatric papillary thyroid carcinoma—while losing the war, Ian D. Hay, M.B., said at the annual meeting of the American Thyroid Association.

He studied 189 consecutive patients who underwent initial surgical management of papillary thyroid carcinoma prior to age 21 (median age, 16 years). They were then followed far into adulthood, for a median of 28 years and a maximum of 60 years.

The good news is mortality due to recurrent thyroid cancer was a mere 3% through 50 years of follow-up, with the first such death not occurring until 26 years after initial therapy. The bad news: a much higher than expected late all-cause mortality, mostly due to non-thyroid cancers, said Dr. Hay, professor of medicine at the Mayo Clinic, Rochester, Minn.

All-cause mortality wasn't excessive through the first 20 years of follow-up but began rising thereafter. During years 30-50 of follow-up, when actuarial data predicted 9.3 deaths, there were actually 22 deaths. Sixteen of the 22 were due to cancer, with 13 of the 16 deaths involving 9 separate types of non-thyroid cancer.

All but 2 of the 13 patients who died of non-thyroid cancer had a history of therapeutic radiation as part of the treatment for their thyroid cancer. Since 1950, postoperative radioiodine remnant ablation has been administered to 28% of thyroid cancer patients at the Mayo Clinic, he said.

—Bruce Jancin

The use of aggressive multimodal therapy in patients with anaplastic thyroid cancer is controversial. Although it is advocated by some experts, there are scant supporting data in the literature. To shed additional light on the subject, Dr. Kebebew turned to the National Cancer Institute's Surveillance, Epidemiology, and End Results database, where he obtained detailed data on 516 affected patients gleaned from 12 population-based cancer registries. This cohort constitutes one of the

largest groups of anaplastic thyroid cancer patients ever studied.

The study population included 345 women. Their mean age at diagnosis was 70.3 years. Eight percent had intrathyroidal tumor only, 38% had regional disease, and the remainder had distant metastases. For 10% of patients, anaplastic thyroid cancer wasn't their first primary cancer.

Roughly one-half of patients underwent surgical resection of their primary

tumor; 59% of patients received electron-beam radiation. Six-month cause-specific mortality was 68.4%. One-year mortality was 80.7%. "That was not surprising. What was surprising was that nearly 6% of patients survived more than 10 years," Dr. Kebebew observed.

In a multivariate analysis, age younger than 60 years, local disease, and combination therapy with resection plus electron-beam radiation were independent predictors of improved survival. ■

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Reference: 1. Sunshine A, Olson NZ, Colon A, et al. Analgesic efficacy of controlled-release oxycodone in postoperative pain. *J Clin Pharmacol.* 1996;36:595-603.



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