Is aggressive treatment in anaplastic thyroid cancer warranted? A real-world study of 735 patients

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The conclusions

- In operable cases, complete tumor resection+radiotherapy±chemotherapy was the optimal treatment modality.
- Otherwise surgery/RT+chemotherapy were the appropriate strategies.
- However, total thyroidectomy (TT) was not beneficial for very early stage or metastatic anaplastic thyroid cancer.

Introduction

Anaplastic thyroid cancer (ATC) responds poorly to conventional therapies and requires a multidisciplinary approach to manage.

The goal of the poster

To explore whether aggressive treatment is beneficial, especially the appropriate extent of surgery in ATC using the SEER database (2004-2014).

Results

Part 1 Baseline features

- A total of 735 ATC patients were identified.
- The two-year overall survival (OS) rates for Stage IVA, IVB and IVC patients were 36.5%, 15.6% and 1.4%, respectively.

Part 2 Multidisciplinary approach improved OS

- Chemotherapy alone or surgery alone or RT alone showed comparable outcomes.
- Surgery+chemotherapy and RT+chemotherapy had comparable results
- Surgery+RT was the most effective treatment strategy. However, adding chemotherapy did not seem to further improve the OS.

Part 3 Surgery of the primary tumor

- Total thyroidectomy (TT) group (N=195) vs. less than TT group (N=130)
- TT had superior OS to patients treated with less than TT (HR=0.655, P=0.001)

Part 4 Surgery of cervical lymph nodes

- Cervical lymph node dissection could only improve OS in patients who had thyroid surgery (P<0.001)

The scope of ATC surgery should depend on the scope of local disease. TT was not beneficial for very early stage or metastatic ATC compared with less than TT.