MEDULLARY THYROID CANCER (MTC): DESCRIPTIVE ANALYSIS AND PROGNOSTIC FACTORS IN A MULTICENTER STUDY

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INTRODUCTION

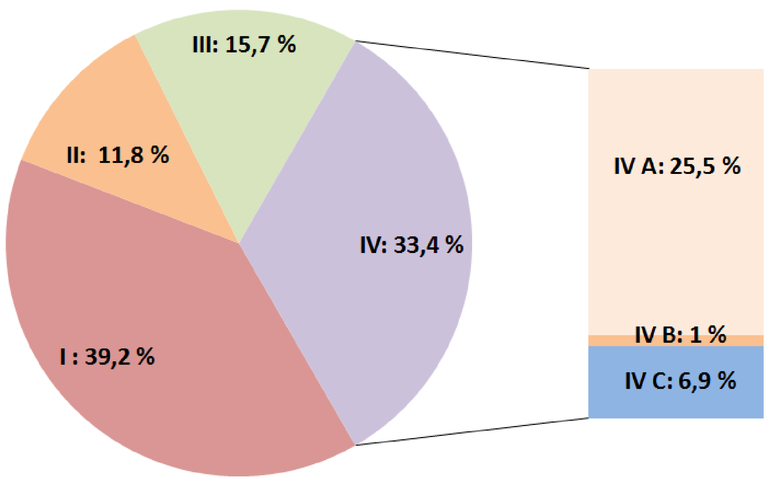
MTC accounts for 5% of thyroid cancers and can occur sporadically or as part of the multiple endocrine neoplasia type 2 syndrome (MEN 2). The objective of our study is to evaluate the prognostic factors and outcomes of patients with MTC.

METHODS

Retrospective descriptive multicenter study of patients with histological diagnosis of MTC. Descriptive, bivariate analyses (Student t for cuantitative and X2 test for cualitative variables) and logistic regression with SPSS 19.0 were performed.

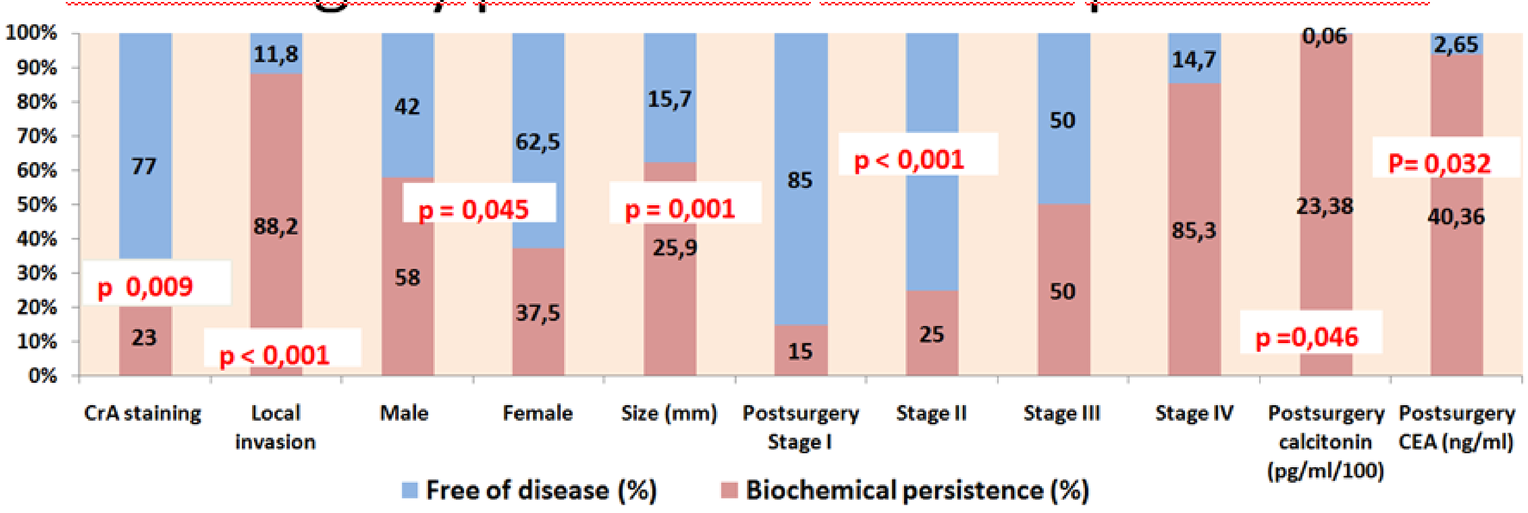
RESULTS

Stage after surgery

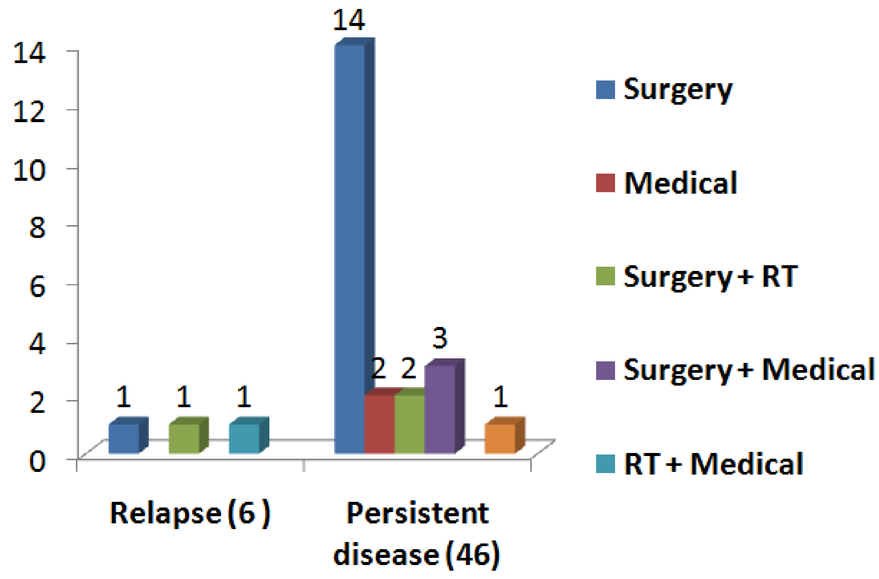


102 patients were included (62% females).
Median age at diagnosis: 45±16 years.
Mean **follow-up**: 8 years.
RET proto-oncogene mutations were found in 52% mainly in codon 634 (24.5%).
Average basal calcitonin was 1497±3521 (median 402 pg/ml) and CEA 66±130 ng/ml.
All cases underwent total thyroidectomy, with cervical lymphadenectomy in 64 cases (63%). **Stage** after surgery was I: 39%, II: 12%, III: 16% and IV: 33%.
Residual disease was found in 45% (42 % biochemical, 35% loco-regional and 24% distant metastasis).
They were treated with additional surgery (44%), radiotherapy (11%) and/or tyrosinkinase inhibitors (13%).
At the end of the follow up, 48% patients remained free of disease, 9% had calcitonin/CEA levels elevated without disease location, 8% had locorregional disease and 8% distant metastasis; 5 patients died because of MTC.
On bivariate analysis, absence of cromogranin A staining, stage, local invasion, male sex, postsurgery calcitonin, postsurgery CEA levels and size were statistically significant predictors of residual disease after surgery whereas local invasion and stage, predicted persistent disease at the end of follow-up.
Stage remained the only statistically significant indicator of both residual disease after surgery and persistent disease at last follow up on logistic regression analysis.

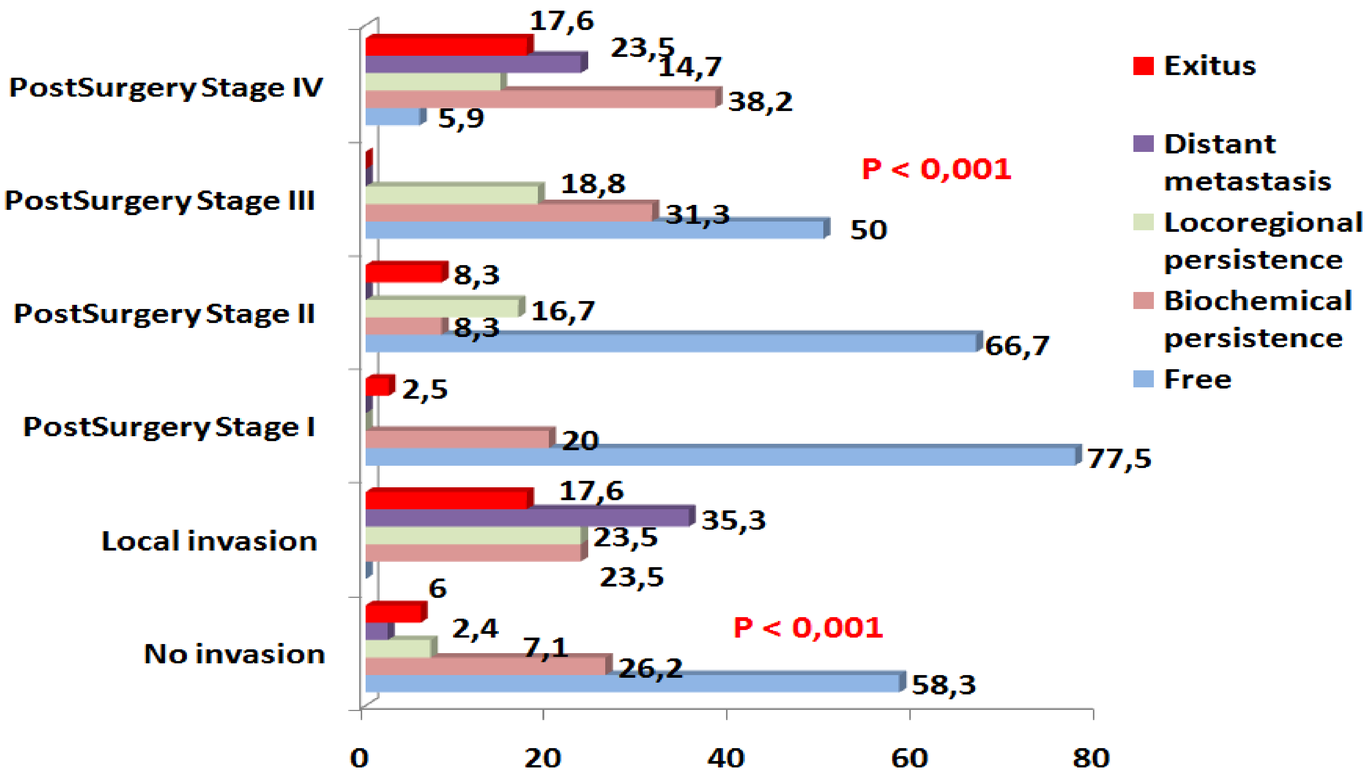
Postsurgery persistent disease predictors



Treatment



Final situation according to postsurgery data



CONCLUSION

Only staging was significantly associated with persistent disease after surgery and at the end of follow-up on logistic regression analysis.