

Meeting abstract

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Differentiated thyroid carcinoma in elderly patients (over 70 years)

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from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A7 doi:10.1186/1471-2318-9-S1-A7

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A7>

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Background

Differentiated thyroid carcinoma (DTC) is the most common endocrine malignancy, and it usually has a favourable course, with a good prognosis, more than 90% at 10-year follow-up. Nevertheless, a subset of patients develops local recurrence or distant metastasis and may die from DTC, indicating the possibility of more aggressive variants of this carcinoma. In this study we retrospectively analyzed the incidence, the treatment and the stage of DTC in a selected group of patients aged 70 or more years old compared with a group of patients less than 70 years old.

Methods

From 1995 to 2007, 1520 patients underwent surgery for thyroid carcinoma, at our Institute. Descriptive demographic data, surgical details and stage were recorded.

Results

1407 out of 1520 patients affected by thyroid cancer had DTC (92.5%), 97 had medullary thyroid cancer and 16 anaplastic tumor, respectively.

Regarding age, 1290 cases (1222 papillary and 68 follicular, 91.7%), were less than 70 years old (group 1) while 117 cases (107 papillary and 10 follicular, 8.3%) were aged 70 years or more (group 2).

In the younger group total thyroidectomy was performed in 1090 patients (84.5%), associated with nodal dissection (central +/- lateral compartment) in 917 (84.1%), while in the older group total thyroidectomy was done in 99 (84.6%) associated with node dissection in 65 cases

(65.6%). In 218 cases a partial thyroidectomy was performed (200 in group 1, 15.5% and 18 in group 2, 15.4%). The distribution of the stage in group 1 was the following: stage I 1098 patients (85.2%), stage II 12 (1%), stage III 130 (10%) and stage IV 50 (3.8%) while in group 2 was: stage I 84 cases (71.8%), stage II 1 (0.9%), stage III 14 (11.9%) and stage IV 18 (15.4%). The overall 5- and 10-year survival rates were 71.8% and 63.9%, respectively, with an overall recurrence rate of 17.9%.

Conclusion

Our data allowed us to draw these conclusions:

1. The incidence of DTC is increased in the past three decades especially for the papillary variety, that in our experience represent 88% of entire series;
2. The presence of advanced stage (III and IV) is more frequent in older patients than in younger, 27.3% vs 13.8%, respectively, especially for stage IV;
3. The incidence of aggressive anaplastic cancer in group 2 is much greater than group 1, 6% vs 0.6% respectively;

Finally, very few studies had evaluated the DTC in older patients. All these patients should be considered high-risk subjects to be given the best therapeutic option, that is to say total thyroidectomy plus node dissection when necessary.