III SESSIONE Il carcinoma tiroideo avanzato metastatico – sessione interattiva

Quale ruolo per il chirurgo?

Ferrara 24 Marzo 2022

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UO Chirurgia 1 - Chirurgia Toracica, Azienda Ospedaliero-Universitaria di Ferrara

CARCINOMI DIFFERENZIATI TIROIDE
Metastasi a distanza

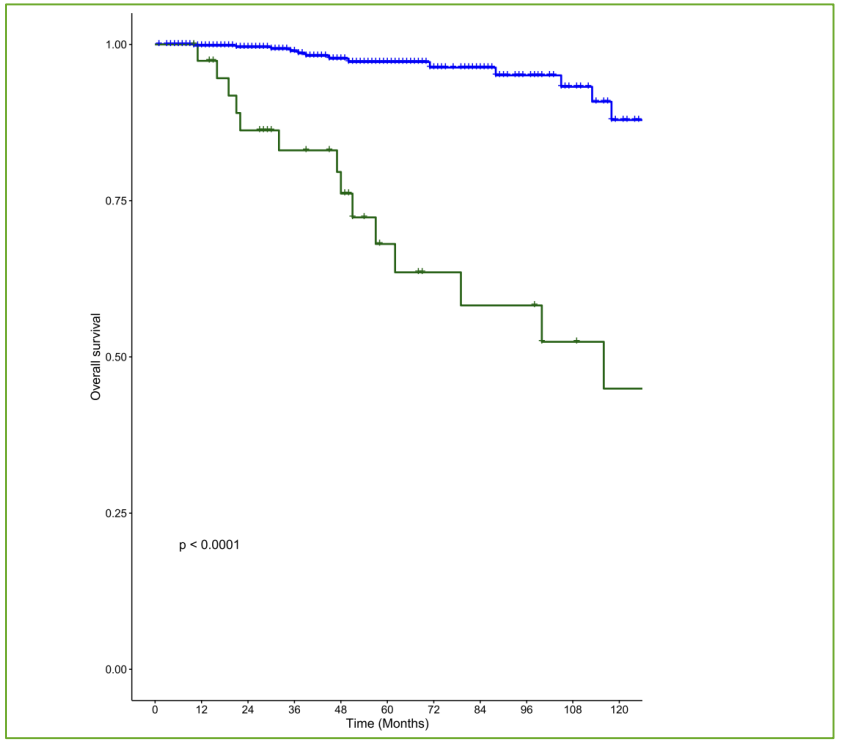
Le metastasi a distanza nella DTC non sono comuni

1,6 - 22 %

Sedi più frequenti di M: polmone e osso

il polmone è il sito più comune

Casi isolati di metastasi surrenali, renali ed epatiche



METASTASI A DISTANZA CARCINOMI DIFFERENZIATI TIROIDE

Classificazione

Metastasi a distanza alla diagnosi iniziale — Tra il 7% e il 23%

Metastasi a distanza dopo il trattamento iniziale — Tra 1% al 9%.

Prognosi e trattamento diversi

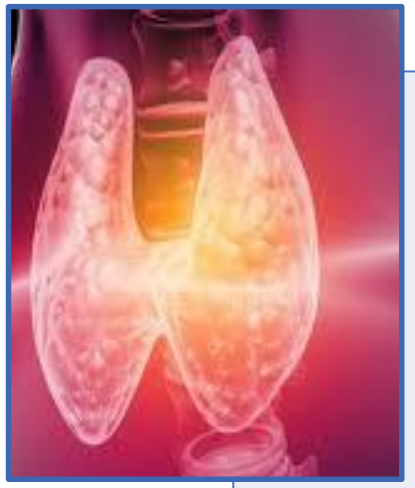
METASTASI A DISTANZA CARCINOMI DIFFERENZIATI TIROIDE

Terapia

- L’approccio è diverso da quello della maggior parte delle altre neoplasie
- Chirurgia sulla neoplasia primitiva
- Terapia con iodio radioattivo (I131)

METASTASI A DISTANZA CARCINOMI DIFFERENZIATI TIROIDE

Terapia



L'ablazione con iodio radioattivo è il trattamento principale per il carcinoma tiroideo differenziato metastatico

METASTASI A DISTANZA CARCINOMI DIFFERENZIATI TIROIDE

Terapia

Pazienti con metastasi tiroidee trattati solo con iodio radioattivo

↓

Sopravvivenza a 10 anni 60% .

↓

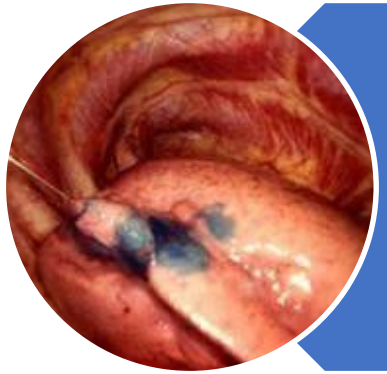
Pazienti non-responder alla terapia con iodio

↓

Sopravvivenza a 10 anni 10-20%

METASTASI A DISTANZA CARCINOMI DIFFERENZIATI TIROIDE

Terapia



La metastasectomia toracica è un'opzione di trattamento potenzialmente curativa per pazienti selezionati.

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Pulmonary metastasectomy for thyroid cancer as salvage therapy for radioactive iodine-refractory metastases†

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Abstract

OBJECTIVES: Distant metastasis arising from thyroid cancer is rare but has been associated with significantly reduced long-term survival, especially when refractory to radioactive iodine ablation. We provide one of the largest studies worldwide reporting the outcome after salvage pulmonary metastasectomy for this entity, aiming to identify prognostic factors and to analyse surgical indication.

METHODS: We retrospectively analysed the medical records of 43 patients who had undergone pulmonary metastasectomy for radioactive iodine-refractory thyroid cancer from 1985 to 2016.

RESULTS: The median follow-up period was 77 (95% confidence interval 41–113) months. Twenty-three (53%) patients were alive at the time of analysis. The majority of tumours were follicular thyroid cancer by histology, with 23% identified as Hurthle cell subtype. Five- and 10-year disease-specific (DS) survival was 84% and 59%, respectively. Thirty-one (72%) patients underwent R0-resection with a 5- and 10-year DS survival of 100% and 77%, respectively. This was significantly reduced to 62% and 22% ($P = 0.013$) in case of incomplete resection, respectively. Ten years after R0-metastasectomy, 17 (55%) patients were recurrence-free. Systematic mediastinal lymphadenectomy was performed in 16 (37%) patients and was associated with improved long-term DS survival (10 years 88% vs 46%, $P = 0.034$). Moreover, a reduction of >80% in serum thyroglobulin levels post-metastasectomy correlates with better long-term DS survival (10 years 81% vs 36%, $P = 0.007$).

CONCLUSIONS: Pulmonary metastasectomy is associated with good survival for selected patients with radioactive iodine-refractory metastases of differentiated thyroid cancer, especially if R0-resection can be achieved. Moreover, it is worth considering whether a significant reduction of tumour load, as indicated by thyroglobulin serum levels, seems possible.

Keywords: Metastasectomy • Lymphadenectomy • Differentiated thyroid cancer • Radioactive iodine-refractive metastases •

Eur J Cardiothorac Surg. 2009 July ; 36(1): 155–158. doi:10.1016/j.ejcts.2008.12.055.

Thoracic metastasectomy for thyroid malignancies☆,☆☆

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Abstract

Objective—To better define early and long-term outcomes of patients undergoing thoracic metastasectomy for thyroid cancer.

Methods—We identified, reviewed, and analyzed the medical records of all patients who underwent thoracic metastasectomy for thyroid cancer in our institution from 1971 to 2006.

Results—There were 48 patients (25 men, 23 women). A complete resection (R0) of all known disease was performed in 33 (69%) patients, while 15 (31%) underwent incomplete resection (R1 or R2). By histology, the majority were papillary 31 (65%), follicular 8 (17%), medullary 5 (10%), and Hürthle cell 4 (8%). Ninety percent were confined to a single side of the chest, with 10% presenting with bilateral metastases. Thoracotomy was performed in 28 (58%), sternotomy in 12 (25%), and thoracoscopy was used in 8 (17%). Operative mortality was zero and postoperative complications occurred in 8 patients (17%). There are currently 18 surviving patients from the cohort (37%) with a median follow-up of 10 years (range, 1 month to 17 years). The overall 5-year survival after thoracic metastasectomy was 60%. Based on histology, 5-year survival for papillary cancer was 64% compared to 37% for follicular and Hürthle cell neoplasms ($p = 0.03$). All five medullary thyroid cancer patients were alive at 5 years. Five-year survival was also improved for patients less than 45 years old at the time of diagnosis of their initial thyroid malignancy (94% vs 49%; $p = 0.03$). Disease-free interval of >3 years between initial thyroid malignancy diagnosis and thoracic metastasectomy demonstrated improved 5-year survival (67% vs 52%; $p = 0.01$).

Conclusion—Pulmonary resection for thyroid metastasis is safe with low morbidity and mortality. Retrospective analysis demonstrates improved long-term survival in patients with papillary histology, longer disease-free interval (>3 years) and younger age at diagnosis of initial thyroid malignancy. Excellent long-term survival was also achievable in selected patients with medullary thyroid metastasis.

CHIRURGIA
RESEZIONI POLMONARI MINORI

CRITERI DI SELEZIONE

- Noduli periferici
- Diametro max < 3 cm

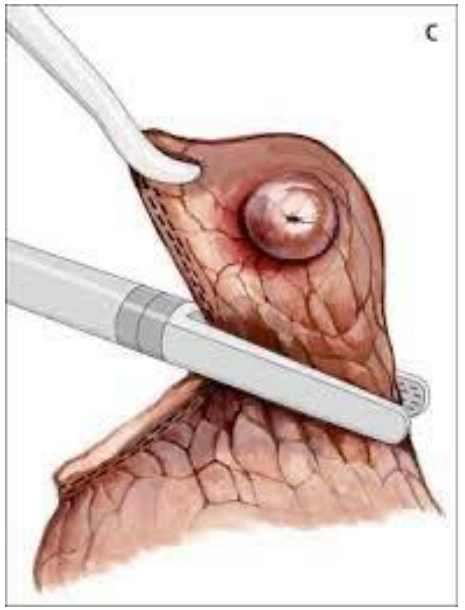
VANTAGGI

Asportazione di plurime lesioni

Conservazione parenchima polmonare

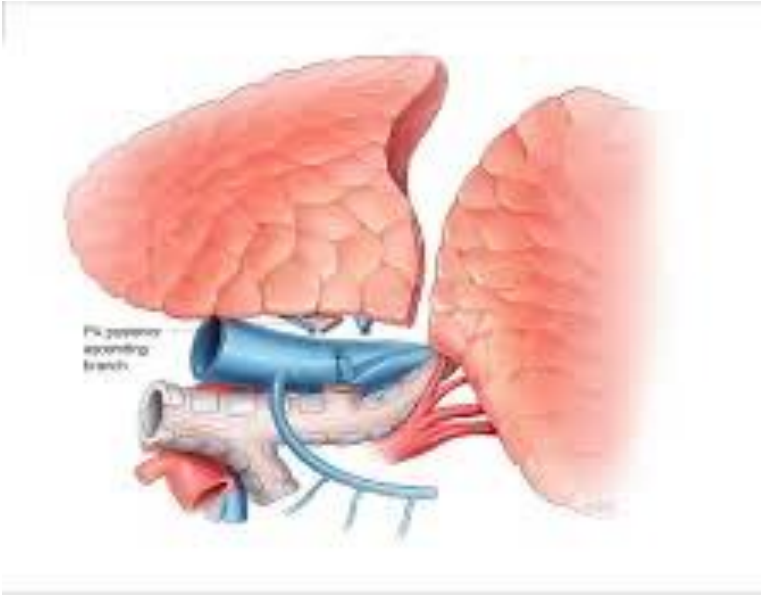
Approccio anche bilaterale

WEDGE RESECTION
O
ENUCLEAZIONE
IN VATS



CHIRURGIA
RESEZIONI POLMONARI MAGGIORI

- Lobectomia
- Bilobectomia
- Pneumonectomia



Video-assiVideo-assisted thoracoscopic lobectomy using a standardized three-port anterior approach - The Copenhagen experience. Henrik J. Hansen, René H. Petersen

CHIRURGIA

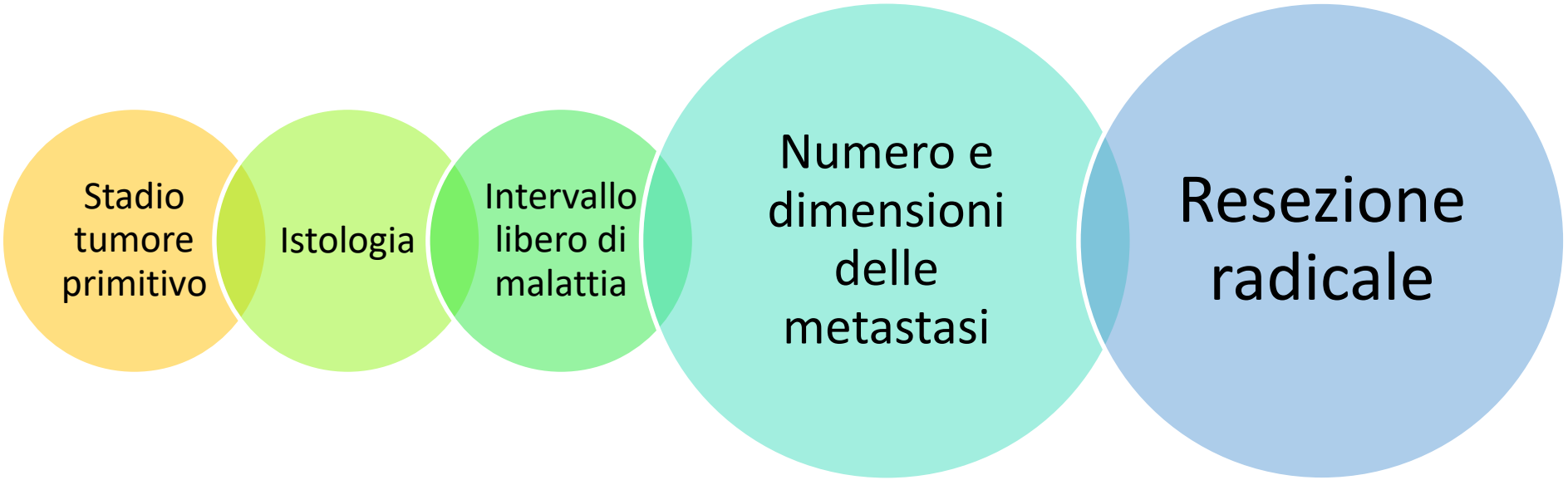
VIDEO-ASSISTED THORACOSCOPIC SURGERY (VATS)

- Dolore
- Tempi di degenza
- Danno estetico

- Recupero funzionale
- Ripresa generale

METASTASI A DISTANZA CARCINOMI DIFFERENZIATI TIROIDE

Terapia



METASTASI A DISTANZA CARCINOMI DIFFERENZIATI TIROIDE

Terapia

Approccio terapeutico personalizzato con discussione multidisciplinare

CONCLUSIONI

La prognosi a lungo termine del carcinoma tiroideo metastatico dipende dall'interazione tra le caratteristiche del paziente, i fattori correlati al tumore e l'adeguatezza del trattamento

La resezione delle metastasi polmonari è una valida opzione terapeutica in casi selezionati

Valutazione multidisciplinare e scelte terapeutiche personalizzate

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GRAZIE PER L'ATTENZIONE

Università degli Studi di Ferrara