

SURVIVAL OF THE PATIENTS AFTER THERAPY AT WELLDIFFERENTIATED THYROID CARCINOMA

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From 1977. to 1998., 239 patients with differentiated thyroid carcinoma (DTC) received radioiodine therapy ^{131}I after total or near total thyroidectomy. Afterwards, all patients began life-long L-thyroxin therapy and had regular check-ups. AIM of our study was to evaluate survival rate of the patients. RESULTS: There were 177 (74.1%) female pts (13-75 yrs; $x=45.8+13.1$) and 62 (25.9) male pts (11-75 yrs; $x=48.1+11.9$). Female/male ratio was 2.8:1. Thirty three pts (13.8%) received ^{131}I Th more then once. There were 44 (16.7%) pts with follicular and 195 (83.3%) pts with papillary carcinoma. Divided into clinical stages, according to TNM classification: St.I=112(47%) pts, St. II=48(20.1%) pts, St. III=57 (23.4%) pts and St. IV=22 (9.5%) pts. At the moment of survival rate evaluation (26/12/1997.), there were: 213(89.1%) living pts, 11(4.6%) who died of DTC and 15 (6.3%) who died of other causes or with no current date. Kaplan Meier's method was used in the paper. The results show that after 18 years of follow-up, survival rate (SR) is: St I=0.99 after 18 yrs, St II=0.91 after 12 yrs, St III=0.93 after 14 yrs and St IV= 0.33 after 15 yrs. According to hystological types: in pts with follicular cancer it is =.83 after 18 yrs and with papillary cancer it is 0.93 after 18 yrs. There is no statistically significant difference between pts with follicular and ones with papillary cancer ($p=0.69$). Also, There is no statistically significant difference in SR of I/II and II/III ($p>0.5$). There is highly significant difference in SR of I/IV clinical stages ($p<0.001$) and statistically significant difference in SR of I/III and II/IV clinical stages ($p<0.05$).

CONCLUSIONS: Survival rate of patients with differentiated thyroid cancer treated according to our Protocol, in given periods of time, is very high for the first three clinical stages. It is specially high for the first stage and it is getting close to=1. Survival rate of patients with clinical stage IV is low, but satisfying from the oncologist s point view.

Key words: Thyroid gland, Differentiated thyroid carcinoma, survival rate