Micropapillary thyroid carcinoma: Active surveillance as an alternative in its management

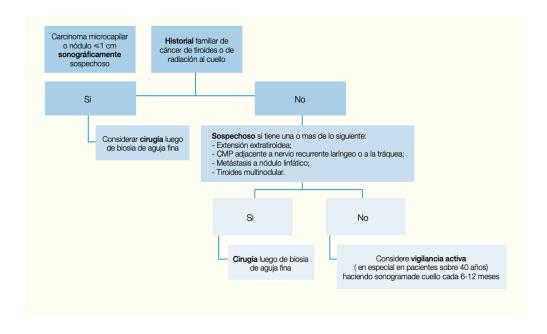
Thyroid cancer is one of the most prevalent solid tumors in the world, with a continuously increasing incidence, particularly in women. The diagnosis of micropapillary carcinoma (CMP) of the thyroid gland has been increasing due to the use of guided fine needle biopsy by ultrasound and more sophisticated radiological equipment. Most CMPs show an indolent course or evolution. For this reason, various researchers have chosen to consider and investigate surveillance active as a possibility or alternative to surgery immediate.

Surgical option

Although surgery for low-risk papillary carcinoma is relatively simple, there is always the risk of permanent vocal cord paralysis and removal Micropapillary thyroid carcinoma: Active surveillance as an alternative in its management of the parathyroid glands in the surgical process. This can cause an increase in medical expenses, in addition to adjustments in the patient's lifestyle, secondary to exogenous hormonal treatment.

Biopsy and follow-up options

The American Thyroid Society (American Thyroid Association, ATA) recommends that in nodules smaller than 1 cm do not biopsy routine. However, in centers where there is a high incidence of thyroid gland cancer is usually choose to perform a biopsy considering the sonographic characteristics of the gland, the history relatives of the patient, as well as if he has had exposure radiation. In identified cases of low CMP risk, the conservative alternative of active surveillance.



Active surveillance in micropapillary carcinoma

It has been suggested that a suitable candidate for Active surveillance of the CMP must comply with the following characteristics (see Figure 1, adapted from Leboulellux et al.):

- Be over 60 years old;
- Have a solitary nodule;
- The margins of the nodule must be well defined;
- There must be a margin distance of +/- 2 mm; Y
- There should be no extrathyroid extension or metastasis.

In some cases of patients with comorbidities older, you can also consider the possibility of active surveillance.

Establishing an active surveillance plan requires:

- The appropriate selection of the patient;
- A multidisciplinary management that must include
- meticulous neck analysis with a study by
- ultrasound; Y
- That the patient is committed to following the plan
- active surveillance established.

References

- Ito Y, et al. Low risk papillary microcarcinoma of the thyroid: A review of active surveillance trials. Eur J Surg Oncol, 1-9, 2017.
- Leboulleux S, et al. Papillary thyroid microcarcinoma: time to shift from surgery to active surveillance? The Lancet Vol 4, Nov 2016.
- Lim H, et al. Trends in Thyroid Cancer Incidence and Mortality in the United States, 1974-2013. JAMA; 317 (13): 1338-1348. 2017.
- Nabhan F, et al. Thyroid nodules and cancer management guidelines: comparisons and controversies. Endocrine-Related Cancer, 24, R13-R26, 2017.