



The ten best articles in the medical literature relating to thyroid cancer are reviewed here.

## TEN BEST READINGS ON THYROID CANCER

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Singer PA, Cooper DS, Daniels GH, et al. Treatment guidelines for patients with thyroid nodules and well-differentiated thyroid cancer. *Arch Intern Med.* 1996;156:2165-2172.

A set of minimum clinical guidelines for use by primary care physicians in the evaluation and management of patients with thyroid nodules or thyroid cancer has been developed by consensus by an 11-member Standards of Care Committee of the American Thyroid Association.

Oertal YC. Fine-needle aspiration and the diagnosis of thyroid cancer. *Endocrinol Metab Clin North Am.* 1996;25:69-91.

Fine-needle aspiration is a low-cost diagnostic tool, the principal value of which is to determine which patients should undergo surgery. Cytologic criteria for diagnosis of the most frequent malignancies found in thyroid aspirates are provided.

Wartofsky L, Sherman SI, Gopal J, et al. The use of radioactive iodine in patients with papillary and follicular thyroid cancer. *J Clin Endocrinol Metab.* 1998;83:4195-4203.

It is difficult to find evidence-based guidelines for issues relating to initial radioiodine ablation and subsequent <sup>131</sup>I diagnostic and therapeutic interventions. This article provides a good summary of the available evidence.

Hay ID, Bergstralh EJ, Goellner JR, et al. Predicting outcome in papillary thyroid carcinoma: development of a reliable prognos-

tic scoring system in a cohort of 1,779 patients surgically treated at one institution during 1940 through 1989. *Surgery.* 1993;114:1050-1058.

Because the five variables needed for MACIS scoring (metastasis, patient age, completeness of resection, local invasion, and tumor size) are readily available after primary operation, such a prognostic system can have widespread applicability in assessment of papillary thyroid cancer.

Mazzaferrri EL, Jhiang SM. Long-term impact of initial surgical and medical therapy on papillary and follicular thyroid cancer. *Am J Med.* 1994;97:418-428.

This study addresses the effect of prognostic factors and management interventions on the long-term outcomes of papillary and follicular thyroid cancer.

Shaha AR, Loree TR, Shah JP. Prognostic factors and risk group analysis in follicular carcinoma of the thyroid. *Surgery.* 1995;118:1131-1138.

The 10-year survival for low-, intermediate-, and high-risk groups was 98%, 88%, and 56%, respectively, and the 20-year survival for the same groups was 97%, 87%, and 49%, respectively. Adverse prognostic factors included age older than 45 years, Hürthle cell variety, extrathyroidal extension, tumor size exceeding 4 cm, and the presence or absence of distant metastasis.

Ozata M, Suzuki S, Miyamoto T, et al. Serum thyroglobulin in the follow-up of patients with treated differentiated thyroid cancer. *J Clin*

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*Endocrinol Metab.* 1994;79:98-105.

The value of thyroglobulin levels in the management of differentiated thyroid cancer is debated. This article reviews some of the available information.

Gharib H, Goellner JR, Johnson DA. Fine-needle aspiration cytology of the thyroid: a 12-year experience with 11,000 biopsies. *Clin Lab Med.* 1993;13:699-709.

The introduction of FNA reduces thyroid operations by 25% and increases the yield of carcinoma from 14% to at least 30%. With an improvement in surgical selectivity, the yield of carcinoma has increased, and the impact of FNA on thyroid practice has been substantial. The economic impact of FNA biopsy is considerable and makes this test a useful and cost-effective procedure.

Czaja JM, McCaffrey TV. The surgical management of laryngotracheal invasion by well-differentiated papillary thyroid carcinoma. *Arch Otolaryngol Head Neck Surg.* 1997;123:484-490.

The survival rates of patients who underwent shave excision were not different from those of patients who underwent radical tumor resection if gross tumor did not remain. Tumors with minimal invasion may be treated by shaving tumor from the aerodigestive tract. Gross intraluminal involvement should be resected completely to prevent complications.

Eng C. The RET proto-oncogene in MEN type 2 and Hirschsprung's disease. *N Engl J Med.* 1996;335:943-951.

This article presents an excellent review of the RET proto-oncogene in MEN type 2 and Hirschsprung's disease.

#### **RETRACTION**

*In the Ten Best Readings on Blood and Marrow Transplantation, which appeared in the September/October 1998 issue of Cancer Control, a report was included by W.R. Bezwoda and colleagues indicating that high-dose chemotherapy followed by stem cell rescue results in a significant proportion of complete remissions and prolonged survival in patients with metastatic breast cancer. This research has been discredited and the authors have withdrawn the results. The article was cited as follows: Bezwoda WR, Seymour L, Dansey RD. High-dose chemotherapy with hematopoietic rescue as primary treatment for metastatic breast cancer: a randomized trial. J Clin Oncol. 1995;13:2483-2489.*