

LONG-TERM OUTCOMES OF TREATMENT FOR PATIENTS WITH LOCALLY ADVANCED HIGHLY DIFFERENTIATED THYROID CANCER

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Abstract. *An analysis was made of 52 outpatient records of patients with locally advanced thyroid cancer who received treatment at the VOKOD Health Center in the period from 2012 to 2017. All 52 patients were referred for radioiodine therapy. Moreover, a relapse of the disease was detected in 3.8% of cases, the appearance of regional metastases in 30.7%, and the generalization of the process in 15.4%. The stabilization of the process was observed in 45.6% of cases.*

Keywords: *thyroid gland, papillary cancer, radioiodine therapy*

Relevance. Thyroid cancer as a nosological form is currently one of the most frequently diagnosed in modern oncology. Due to the fact that recently there has been a significant increase in this pathology, especially among young people, the study of thyroid cancer is highly relevant [1-3]. Therefore, the problem of diagnosis and the choice of further treatment of thyroid cancer is particularly acute. The progressive development of modern science opens up new prospects for identifying individual characteristics of differentiated forms of thyroid cancer and choosing an individual approach to each patient. The treatment plan for highly differentiated (papillary and follicular) thyroid cancer involves surgical intervention, which is often supplemented with radioiodotherapy, radioiodotherapy involves the procedure of destruction of residual thyroid tissue with radioactive iodine after surgical treatment [7, 8]. The use of radioactive iodine occupies one of the leading places in the diagnosis and treatment of thyroid cancer metastases. Most often, the areas of distant metastasis of thyroid cancer are the lungs [4, 5]. Due to the selective accumulation of I-131 in metastatic foci, with minimal radiation load on the patient, and the absence of serious complications, this method of therapy allows not only to achieve stabilization, improvement of the patient's condition, but also to lead to a complete cure [6, 9, 10].

Tasks: 1. To determine the relapse-free survival of patients; 2. To estimate the num-

ber of cases of stabilization and generalization of the process.

Objective: to analyze the results of treatment in patients with thyroid cancer over the past 5 years.

Materials and methods. The analysis of 52 outpatient records of patients with locally advanced thyroid cancer, with courses of radioiodotherapy, who were treated at the VOCOD Medical Center in the period from 2012 to 2017, was carried out. The patients underwent surgery - thyroidectomy in 19.2%, thyroidectomy with fasciofutular excision of the neck tissue - in 25%, primary hemithyroidectomy was performed in 1 case, and primary subtotal resection of the thyroid gland in 2 cases. All 52 patients were referred for radioiodotherapy due to the local spread of the process. Evaluation of the results of treatment was carried out on the basis of a number of studies: ultrasound of the thyroid gland and lymph nodes of the neck, scintigraphy of the whole body, ultrasound of the abdominal cavity and chest X-ray. When analyzing outpatient patient records, it was determined that the number of sick women (43 people) significantly prevails over the number of men (9 people). It was decided to divide all patients into 2 large groups: patients who were treated with radioactive iodine once, and patients who were treated with radioactive iodine two or more times. The first group included 34 people, among whom there were 16 persons under the age of 45 (all with stage 1 of the disease). In the second group of pa-

tients, 18 people were counted, 11 persons under 45 years of age (8 with the first stage, 3 with the second). Separately, a group of patients who died due to the generalization of the process was taken out, there were 2 of them. The analysis of pathohistological findings among patients of both groups revealed a significant advantage of papillary cancer (42 cases) over follicular and papillo-follicular (2 and 4, respectively). The number of patients who completed treatment with radioactive iodine in September 2017 is 42 people (31 in the first group and 11 in the second). Another course of radioiodotherapy is planned for 10 people (all representatives of the 2nd group).

Results and their discussion. Analyzing the relapse-free survival, 21 people were counted in the first group, in whom metastases and relapses were not detected after surgery either before or after radioiodotherapy. Almost all relapses (1 case) and metastases (7 cases) were recorded after primary subtotal

resection (5 out of 6 cases). Two patients were diagnosed with the 2nd cancer in the period between surgical treatment and the beginning of radioiodotherapy. In the second group, 2 people were recorded without relapses and metastases. Relapse was recorded in the 1st person, before the start of radioiodine therapy, he was subsequently diagnosed with a second cancer. Metastases in the left neck were detected in 9 people, both before the start of radioiodine therapy and during treatment. Metastases to the lungs were detected in 3 people, in one-in the left mediastinum.

Conclusions.

1. Out of 52 patients, relapse of the disease was detected in 3.8% of cases;
2. The appearance of regional metastases in 30.7%, generalization of the process in 15.4%;
3. Stabilization of the process from 52 patients was observed in 45.6% of cases.

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**ОТДАЛЕННЫЕ РЕЗУЛЬТАТЫ ЛЕЧЕНИЯ БОЛЬНЫХ
МЕСТНОРАСПРОСТРАНЕННЫМ ВЫСОКОДИФФЕРЕНЦИРОВАННЫМ
РАКОМ ЩИТОВИДНОЙ ЖЕЛЕЗЫ**

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***Аннотация.** Произведен анализ 52 амбулаторных карт пациентов с местно распространённым раком щитовидной железы, которые получали лечение в БУЗ ВО «ВОКОД» в период с 2012 по 2017 год. Все 52 пациента были направлены на радиойодтерапию. При этом рецидив заболевания был обнаружен в 3,8% случаев, появление регионарных метастазов в 30,7%, генерализация процесса в 15,4%. Стабилизация процесса наблюдалась в 45,6% случаев.*

***Ключевые слова:** щитовидная железа; папиллярный рак; радиойодтерапия.*