Identikit del paziente a rischio intermedio-alto

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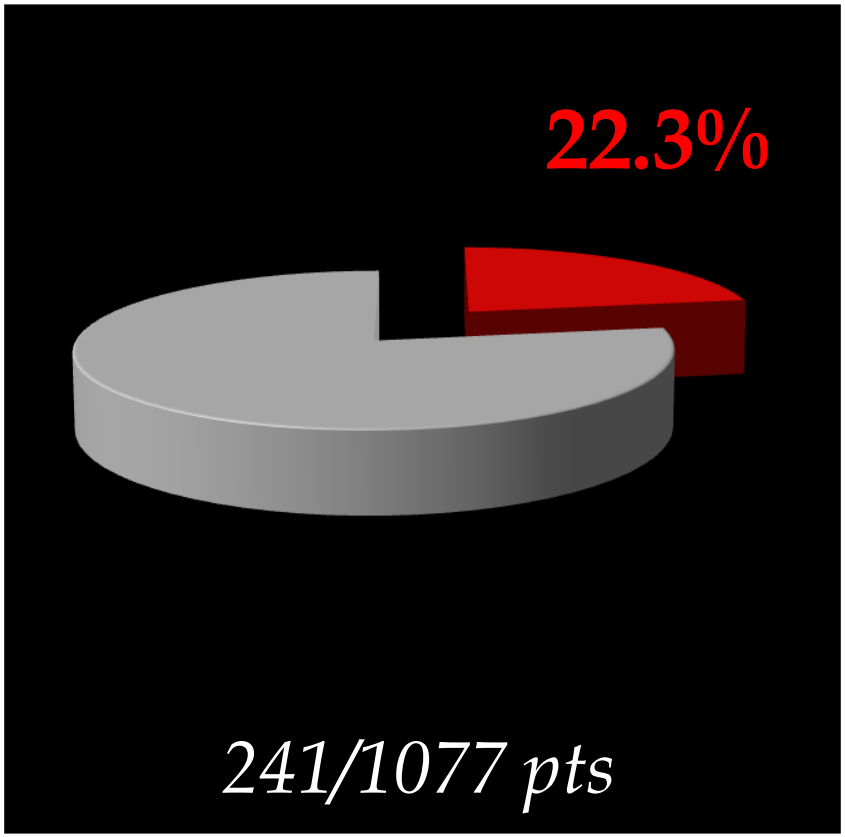
Global risk of recurrence

Bari,
7-10 novembre 2013

The 1990s *(1077 pts)*



Mazzaferri & Jhiang, Am J Med, 1994

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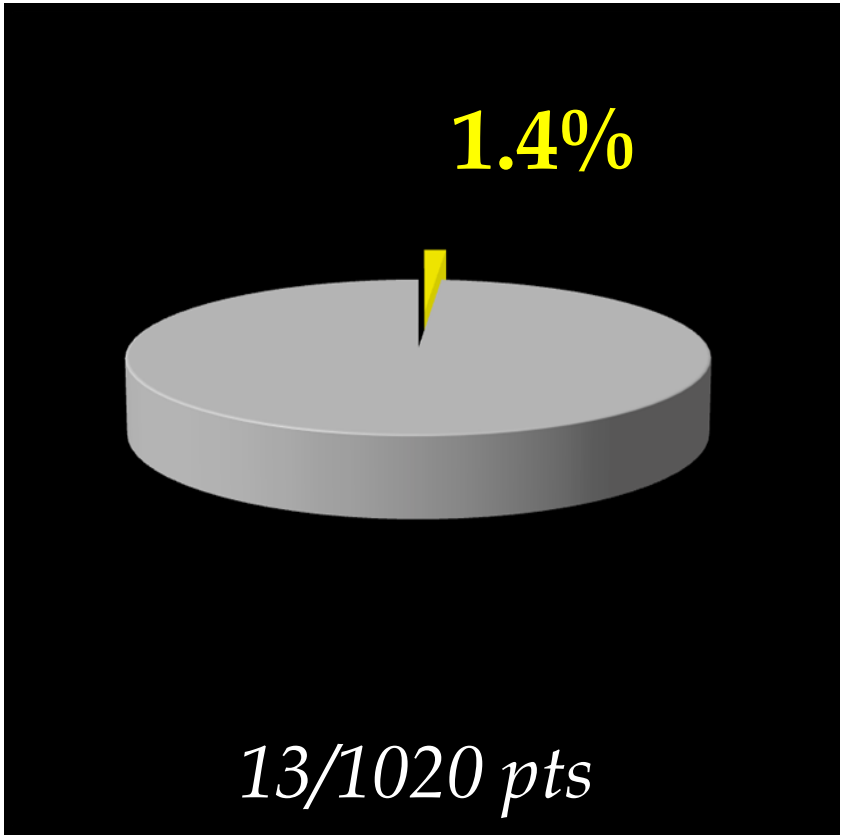

Durante *et al.*, JCEM, 2013

Estimating the *individual* risk

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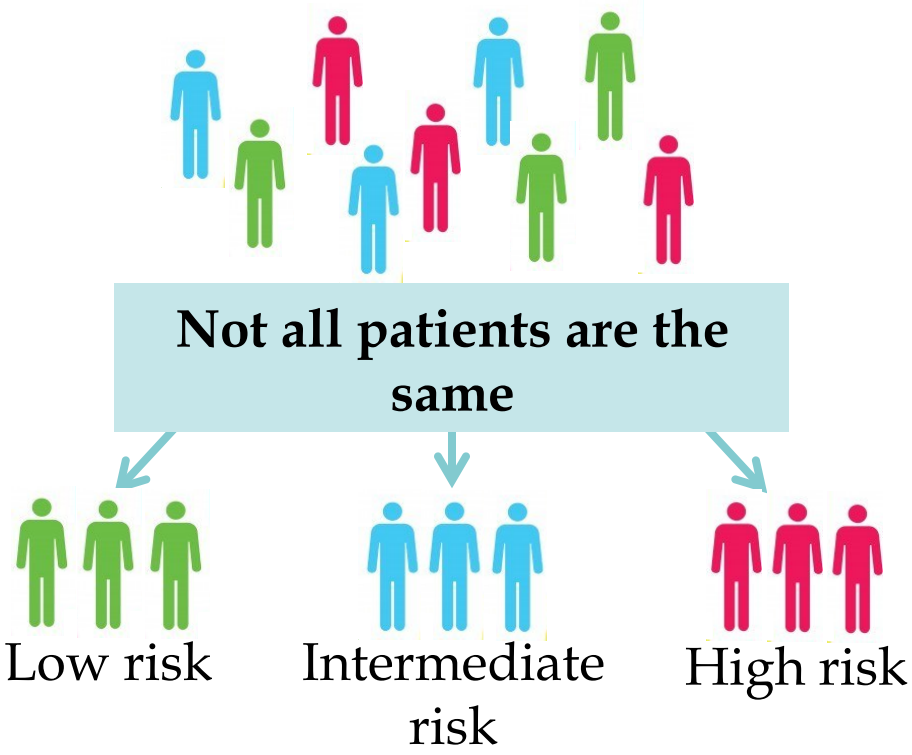
Why it is important?



We are moving from a population-wide versus **individual-based approach**

Estimating the *individual* risk

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Why it is important?

Risk stratification allows tailoring management strategies to individual risk.

- *Administration of ^{131}I after surgery*
- *Use of TSH suppression*
- *Strategies and methods that will be used to detect disease recurrence*
- *Frequency and duration of follow-up*

Clinical cases

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51 yrs

- ***Histology***: PTC, classic variant, 12 mm
  pT1b, Nx – Stage I

63 yrs

- ***Histology***: PTC, follicular variant, 18 mm, extrathyroidal extension, 6 out of 21 metastatic lymph nodes
  pT3, N1a – Stage III

ISSUES

- ✓ What is the risk of persistent/recurrent disease of these patients?
- ✓ How can we estimate their individual risk?

Estimating the *individual* risk

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- ✓ At any time during follow-up
- ✓ Reliable assessment requires the use of the right tool at the right time

Estimating the *individual* risk

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What is the risk of persistent disease?

✓ Initial evaluation *at diagnosis*

Estimating the risk *at diagnosis*

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Risk of mortality

	EORTC	AGES	AMES	MACIS	OSU	SKMMC	AJCC
Age	X	X	X	X	--	X	X
Sex	X	--	X	--	--	--	--
Size	--	X	X	X	X	X	X
Multicentricity	--	--	--	--	X	--	--
Grade	--	X	--	--	--	X	--
Histology	X	PTC	X	PTC	--	X	X
Invasion	X	X	X	X	X	X	X
Nodes	--	--	--	--	X	X	X
Metastases	X	X	X	X	X	X	X
Complete excision	--	--	--	X	--	--	--

Estimating the risk *at diagnosis*

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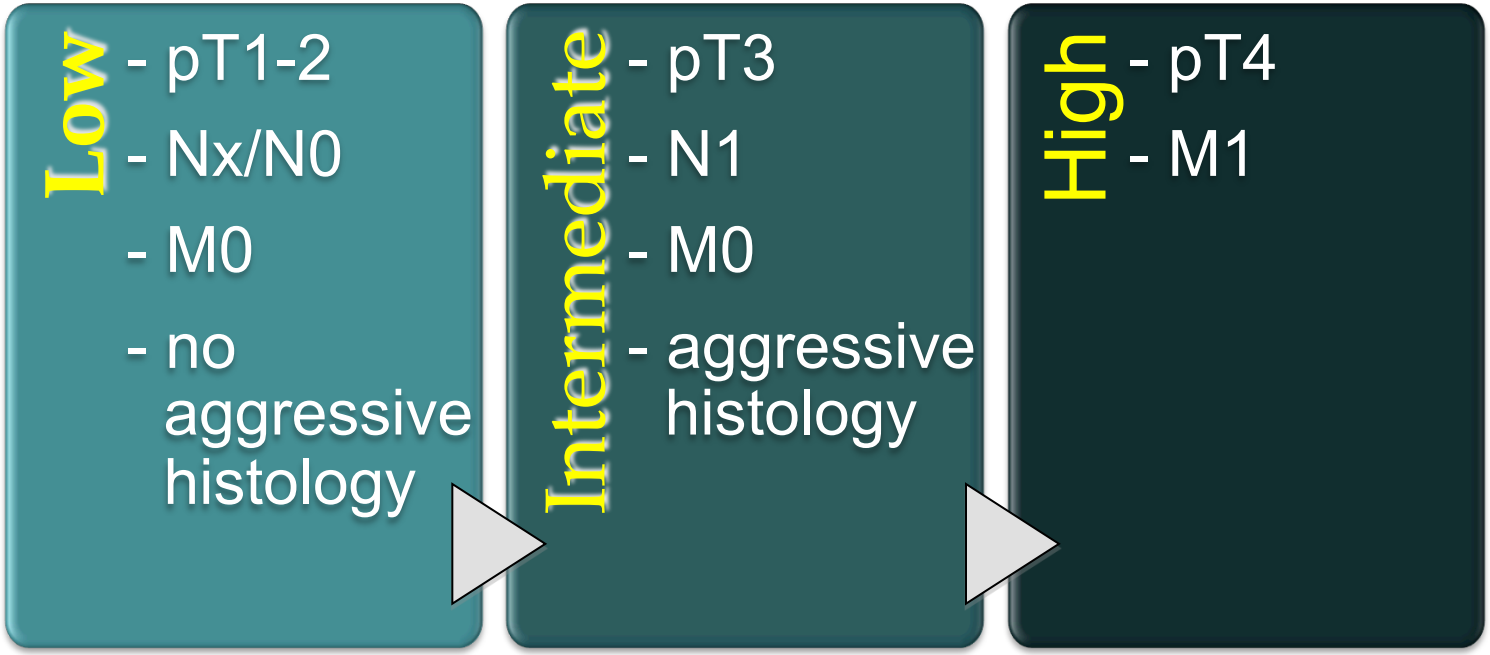
Risk of recurrence: ATA staging systems



Intrathyroidal disease

Loco-regional disease

Metastatic disease

ATA guidelines, *Thyroid*, 2009

Estimating the risk *at diagnosis*

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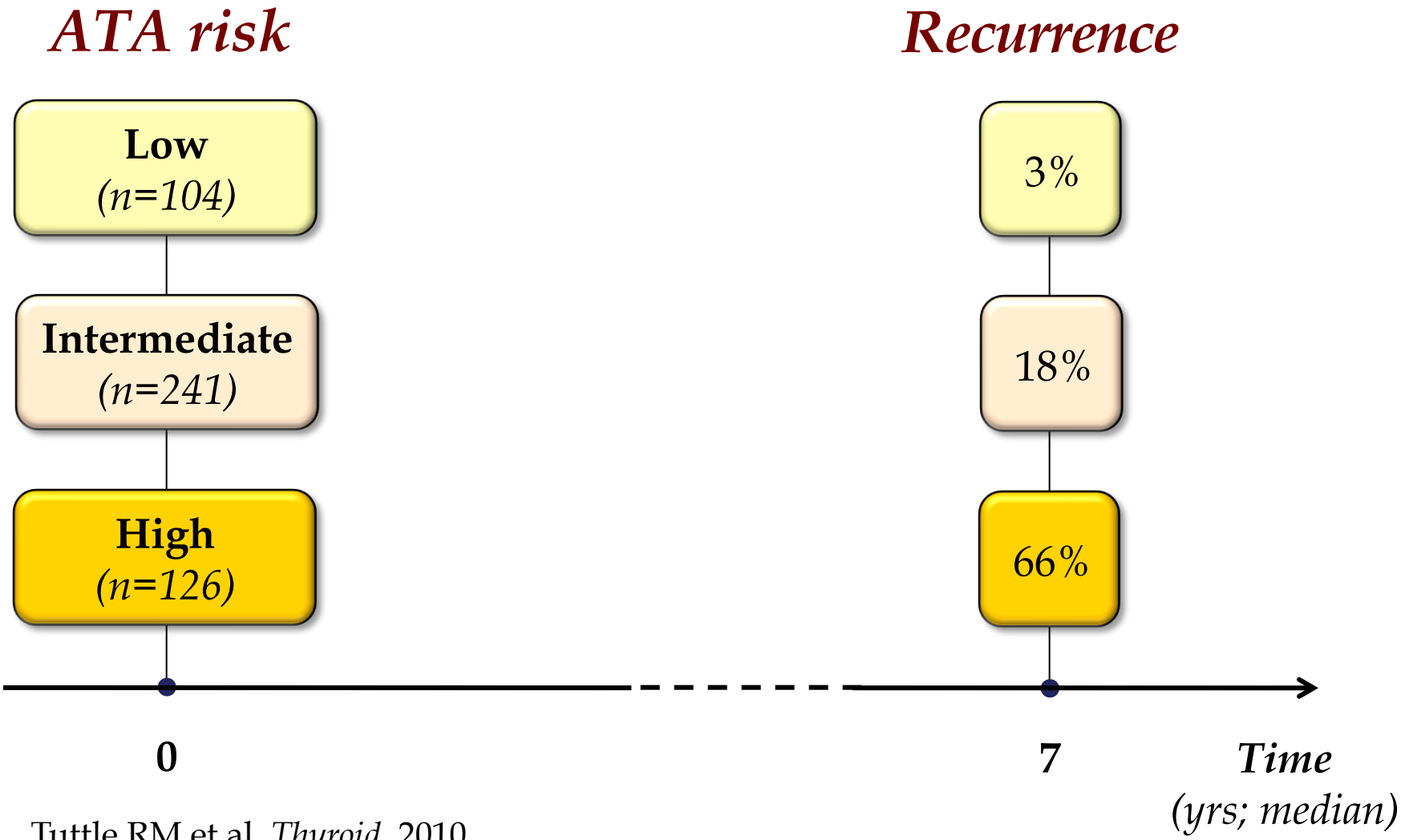

Tuttle RM et al, *Thyroid*, 2010

Estimating the risk *at diagnosis*

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Limits

There are two main factors that can significantly alter the odds of recurrence (*and death*) over time:

- *the clinical course of the disease*
- *its response to the initial therapy and any interventions performed thereafter*

Estimating the *individual* risk

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Ongoing revision and refinement of the risk estimate as new data emerge during follow-up

Early follow-up

Late follow-up

Estimating the *ongoing* risk

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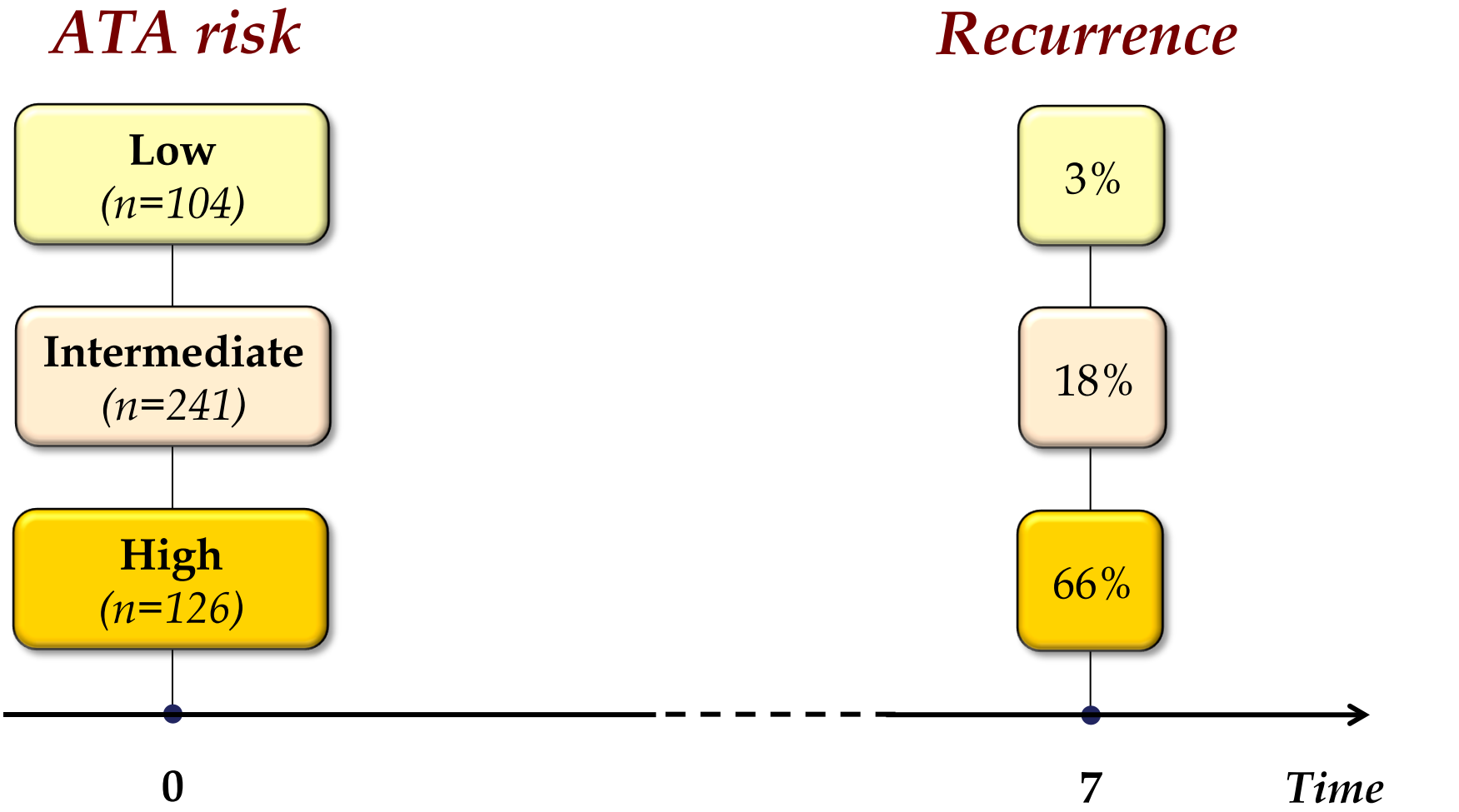

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Estimating the *ongoing* risk

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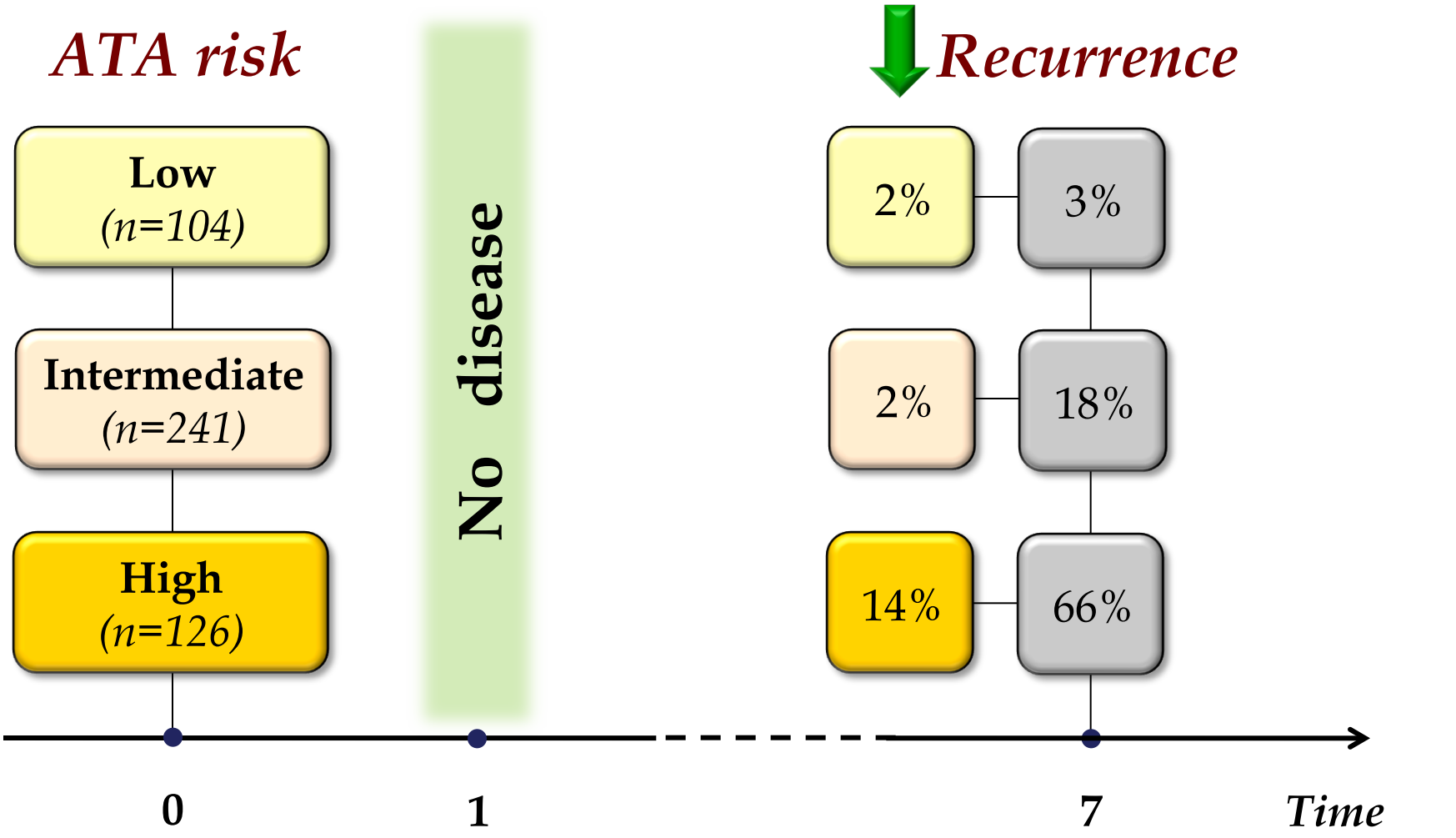

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Estimating the *ongoing* risk

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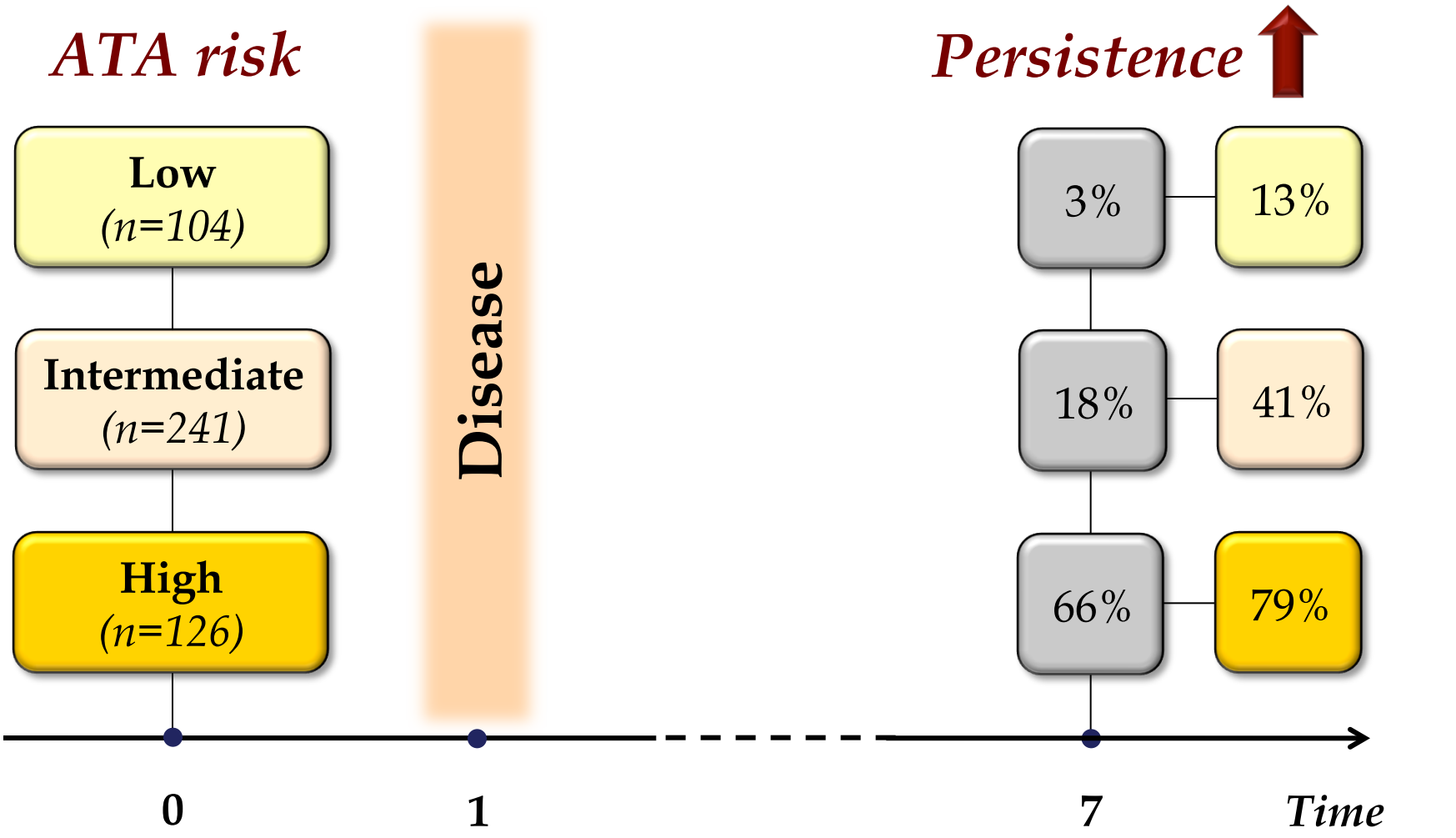

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ISSUES

- ✓ Risk at diagnosis (*ATA risk*): **LOW *(3%)***
- ✓ 1-yr follow-up visit: **no evidence of disease**

- ✓ Risk at diagnosis (*ATA risk*): **INTERMEDIATE *(18%)***
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- ✓ Risk reassessment (*1-yr F-up*): **LOW *(2%)***

- ✓ Risk at diagnosis (*ATA risk*): **INTERMEDIATE *(18%)***
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Time to recurrence

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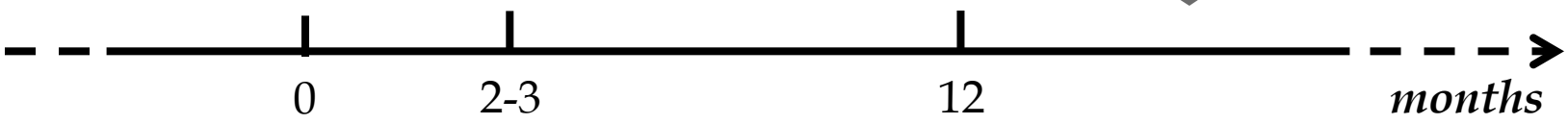
Do they require life-long follow-up?



Early follow-up

Late follow-up

Time to recurrence

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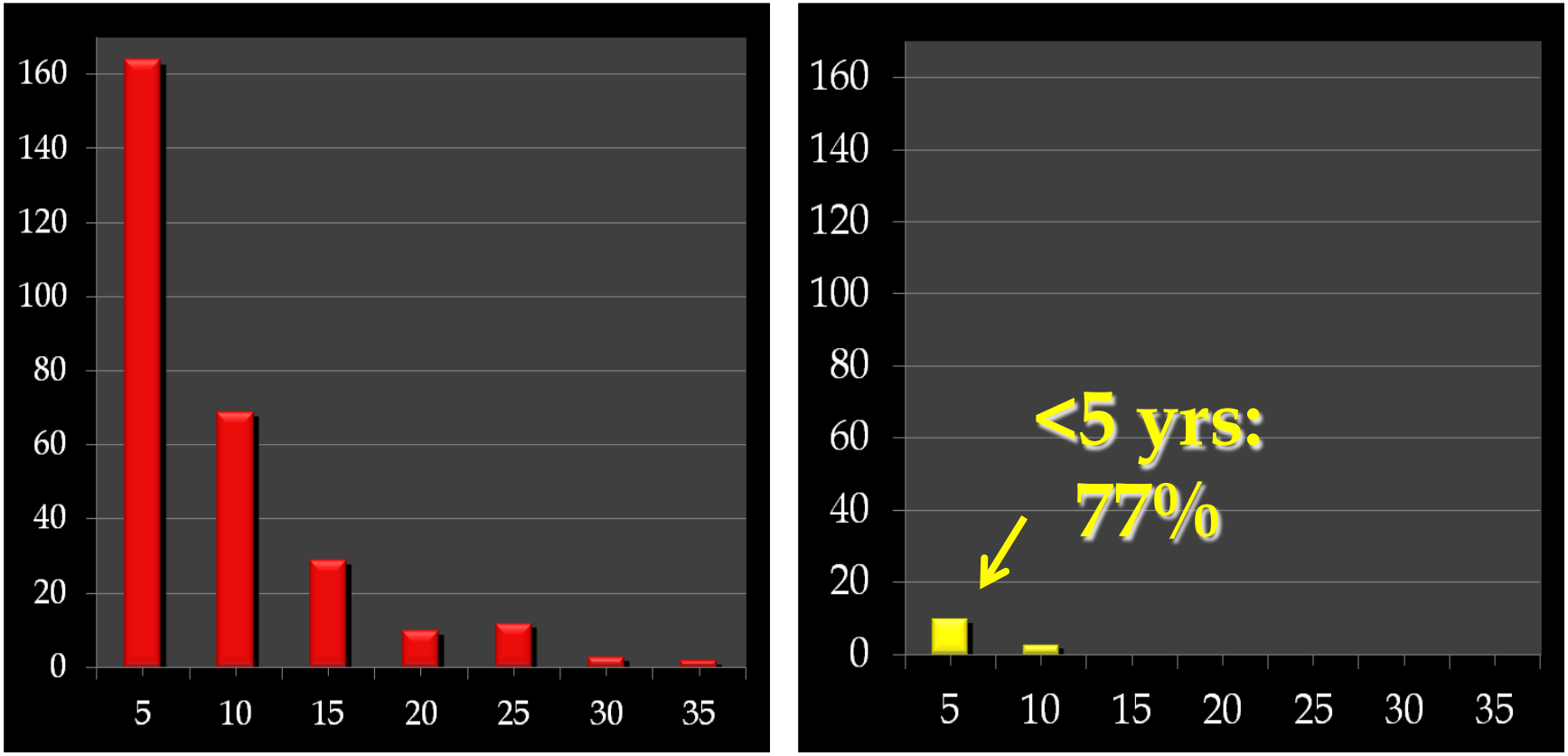

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Conclusions

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- Today we are moving toward increasingly individualized, risk-tailored diagnostic/ therapeutic protocols
- Tailoring management strategies to individual risk can increase the cost-effectiveness of care and in many cases improve the patient's quality of life