



## REOPERATION CURES ONLY HALF OF THE PATIENTS WITH LOCALLY RECURRENT PAPILLARY THYROID CANCER

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Tg <1 ng/ml (1). In 9% of the patients in the recent U.S. study, no PTC was found in the resected nodes, and none of this group had a biochemical remission despite the identification of recurrent disease based on ultrasound and fine-needle aspiration biopsy of suspected lesions (1). Also worrisome is that about one fourth of those with clinical recurrence in the Korean study had a postoperative stimulated Tg <1 ng/ml. It is not surprising that only 20% of those with a larger burden of disease, indicated by a stimulated

Tg >100 ng/ml, had a biochemical remission. Based on the experience of this Korean group, perhaps it is worthwhile to follow patients with observation only if the stimulated Tg is <5 ng/ml because only one fourth to one half of these patients have a biochemical cure and clinical recurrence was not detected in a 5-year follow up in the patients with a stimulated Tg <5 ng/ml after the reoperation.

— Jerome M. Hershman, MD

### REFERENCE

1. Al-Saif O, Farrar WB, Bloomston M, Porter K, Ringel MD, Kloos RT. Long-term efficacy of lymph node reoperation for persistent papillary thyroid cancer. *J Clin Endocrinol Metab* 2010;95:2187–94. Epub March 23, 2010.