



# Radioiodine Lobe Ablation May Be an Effective Alternative to Completion Thyroidectomy in Selected Patients with Minimally Invasive Follicular Thyroid Cancer

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## ANALYSIS AND COMMENTARY ● ● ● ● ●

For minimally invasive thyroid carcinoma without significant vascular invasion, lobectomy may be sufficient. Unlike papillary thyroid carcinoma, follicular carcinoma is rarely bilateral. In instances in which the follicular carcinoma is widely invasive, removal of all thyroid tissue is clearly indicated and radioiodine lobe ablation is considered to be far less desirable than completion thyroidectomy, usually without node dissection. The ATA guidelines recommend against radioiodine lobe ablation (recommendation 30) but do not distinguish between papillary and follicular thyroid carcinoma in this recommendation (1). Because follicular thyroid cancer results in vascular invasion and distant metastases and has a higher mortality than papillary thyroid cancer (2), total thyroidectomy is recommended (2). This is followed by radioiodine ablation of remnant tissue.

The current retrospective study shows that radioiodine remnant ablation is effective; unfortunately,

the groups are not truly comparable because the RAI-L-ABL group was treated in an earlier time period. The higher proportion of detectable Tg may be related to treating fewer of this group with a subsequent ablative dose of  $^{131}\text{I}$ ; the basis for this was lower thyroid uptake of a diagnostic dose of  $^{131}\text{I}$  after the lobe ablation in this group. Although the authors state that more of the RAI-L-ABL patients had anti-Tg antibodies, possibly induced by the  $^{131}\text{I}$  therapy for ablation of the lobe, they do not provide data on the final proportion with antibodies.

When patients refuse to have completion thyroidectomy or when the surgeon is reluctant to perform it because of recurrent laryngeal-nerve palsy, radioiodine ablation may be an effective alternative. The outcome data with regard to mortality are reassuring in this respect when these three groups were compared.

— Jerome M. Hershman MD

## References

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2. Asari R, Koperek O, Scheuba C, et al. Follicular thyroid carcinoma in an iodine-replete endemic goiter region: a prospectively collected, retrospectively analyzed clinical trial. *Ann Surg* 2009;249:1023-31.