

Stimulated Thyroglobulin 5 Years after Initial Treatment Detects Recurrence in 5.4% of Patients Despite a Thyroglobulin on T₄ <1 Ng/ml

ANALYSIS AND COMMENTARY ● ● ● ● ●

The 2009 American Thyroid Association Guideline for Thyroid Nodules and Cancer suggests using both the TNM AJCC/UICC staging plus risk factors to completely assess risk for death and persistence/recurrence of the tumor (1). In addition, there has been the suggestion that patients should be “restaged” periodically, taking into account absence or progression of disease (2). The advantages of this study are that the patients had identical initial treatment with total thyroidectomy and RAI ablation and were carefully evaluated for recurrence over a long time (mean, 8.5 years). This careful follow-up likely resulted in a higher detection of recurrence (5.4%) as compared with the literature (3). In this cohort who initially at 6 to 2 months were considered to be free of disease (negative neck ultrasound, stimulated Tg <2 ng/ml, and negative RAI WBS), half of the recurrences were found clinically and half were found only after hypothyroid-stimulated Tg testing. This study supports

repeat TSH-stimulated Tg testing 5 years after ablation in patients thought to be disease-free 6 to 12 months after treatment despite a Tg on T₄ <1 ng/ml and negative TgAb tests. Other investigators have suggested, with a negative predictive value of 100%, a second negative stimulated Tg in patients initially believed to be disease-free (4). It is an important result that a negative predictive value of 100% was achieved for patients followed for a mean of 102 months when a negative stimulated Tg was found at 5 years. This result suggests that no further stimulated Tg tests are necessary. My conclusion is that it is reasonable to repeat a stimulated Tg at 5 years even if the patient is considered to be disease-free. If the Tg is >2 ng/ml, this would allow for early detection of recurrences and/or intensified follow-up for these patients while reducing or stopping follow-up of patients with a low stimulated Tg.

— Stephanie L. Lee, MD, PhD

References

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