ASO Author Reflections: Outcomes for Minimally Invasive Follicular Thyroid Carcinoma in AJCC 8th Edition

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PAST

Most patients with follicular thyroid carcinoma (FTC) first undergo hemithyroidectomy, with a diagnosis of follicular tumor and adenomatous nodules. Completion total thyroidectomy along with radioactive iodine (RAI) therapy is not uniformly recommended for minimally invasive FTCs (MI-FTCs) without distant metastasis in Japanese revised clinical practice guidelines.¹ In our hospital, completion total thyroidectomy along with RAI was recommended for patients aged ≥ 45 years with MI-FTC, based on previous reports.^{2,3}

PRESENT

In the American Joint Committee on Cancer (AJCC) 8th edition staging system for thyroid cancer, the stratification age was changed from 45 to 55 years, with the new staging system more appropriately reflecting the biology of thyroid cancer.⁴ The present study indicated that the change in stratification age as above, to recommend completion total thyroidectomy along with RAI after initial surgery, seemed to be reasonable.⁵

FUTURE

We should observe whether our recommendation improves the prognosis of patients with MI-FTC. Furthermore, we should investigate the extent of vascular invasion, which could affect prognosis in MI-FTCs, and optimal candidates for completion total thyroidectomy along with RAI.

DISCLOSURE Haruhiko Yamazaki, Kiminori Sugino, Ryohei Katoh, Kenichi Matsuzu, Munetaka Masuda, and Koichi Ito have no disclosures to declare.

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