



ASO Author Reflections: The Role of Surgery in the Precise Treatment of Primary Thyroid Lymphoma

Yufan Tang, MB, Ting Yan, MS, and Zhili Yang, MD

Department of Thyroid, Parathyroid, Breast and Hernia Surgery, Shanghai Sixth People's Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, Shanghai, China

PAST

Due to the inherent sensitivity of lymphoma to radiation therapy (RT) and chemotherapy (CT),^{1,2} the combined modality treatment (CMT) of primary thyroid lymphoma (PTL) has mainly focused on RT and CT in the past 20 years, while in most cases, surgery was only used for diagnostic biopsy or relief of airway compression.^{3,4} In clinical practice, radical surgical resection remains the fundamental treatment method for many solid tumors. However, the clinical outcomes of surgical treatment for early PTL (Ann Arbor stage IE) have not been well established.

PRESENT

To address this issue, our study utilized propensity score matching (PSM) and subgroup analysis to investigate the oncological outcomes of surgery, surgery+RT and/or CT, and RT and/or CT in the PTL cohort of the SEER database. We also analyzed the side effects, duration, and cost of surgical treatment and RT and/or CT in a small external cohort.⁵ The results revealed that surgery alone has comparable oncological treatment outcomes to a CMT for patients with PTL stage IE. Additionally, surgery has significantly fewer treatment-related complications, shorter treatment

durations, and lower costs. It has been demonstrated that surgery can be the preferred treatment for stage IE in the precise treatment of PTL.

FUTURE

Investigating unique molecular events may prove beneficial for accurately staging PTL. Additionally, long-term follow-up of postoperative recurrent events could help to standardize the range of surgical resection. Prospective and randomized trials can provide more reliable clinical evidence.

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Z. Yang, MD

e-mail: yangzhililaoshi@126.com

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