

Benefit in Concurrent Thyroid, Breast Sonograms

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CHICAGO — Routine concurrent breast and thyroid sonographic examinations are useful in detecting small thyroid cancers, Dr. Jeong Seon Park said at the annual meeting of the Radiological Society of North America.

The two tests were combined in a prospective study conducted between January 2003 and March 2004 of 5,549 women.

The findings were so convincing that thyroid testing is now routine practice when a breast ultrasound is ordered at the Korean Cancer Center in Koyang, where the study was conducted.

Breast ultrasounds are added to mammography for women with dense breasts, and detect additional cancers in about 1 in 1,000 cases, she said.

All participants, aged 13-83 years, underwent breast and thyroid screening sonography (4,864 women) or sonography for diagnosis or follow-up of breast cancer (685 women).

Screen TSH After Radiotherapy for Head, Neck Ca

DENVER — Up to half of all patients become hypothyroid within 5 years following radiotherapy for head and neck cancer in which the thyroid remains outside the primary field of radiation but is included in the low-neck field, Dr. Anna A. Norris reported at the annual meeting of the American Society for Therapeutic Radiology and Oncology.

As a result, such patients should undergo TSH screening. A good regimen is to check the TSH levels every 6 months for the first 2 years after radiotherapy and annually thereafter, said Dr. Norris of the University of Florida, Gainesville.

She reported on 390 consecutive patients who underwent radiotherapy for oropharyngeal cancer during the 1990s at the university. None had a history of thyroid disease or surgery. All received radiotherapy with a standard low-neck field that covered the area—including the entire thyroid—with a dose of 50 Gy, with boosts bringing the total dose to selected portions of the field up to 70 Gy. Median follow-up was 6.1 years.

During the 1990s, the practice at the university was to not routinely monitor TSH levels in such patients. But in the subset of 169 patients in whom TSH was monitored, the 5-year incidence of hypothyroidism—as defined by a TSH greater than 4.5 ng/mL—was 54%.

In a retrospective study, it's impossible to know how many patients had their TSH measured because of symptoms or physician preference. But even if it is assumed none of the 221 untested patients had hypothyroidism, the 5-year rate following radiotherapy was still 31%, she noted.

—Bruce Jancin

Ultrasound-guided fine needle aspiration was performed when a thyroid lesion was suspicious for malignancy based on hypoechogenicity, irregular shape, or poorly defined margins.

A total of 42 (0.75%) cases of thyroid cancer were detected and confirmed pathologically. All were papillary carcinomas.

The incidence of thyroid cancer was significantly higher in women with breast cancer, reported Dr. Park and colleagues.

There were 13 (1.9%) thyroid cancers among the patients with breast cancer, compared with 29 (0.6%) thyroid cancers among patients with negative or benign breast disease.

The mean diameter of the thyroid masses was 9.9 mm in the breast cancer group and 8.6 mm in the noncancer group.

A total of 28 (66%) thyroid cancers were less than 1 cm in diameter. There were no metastases.

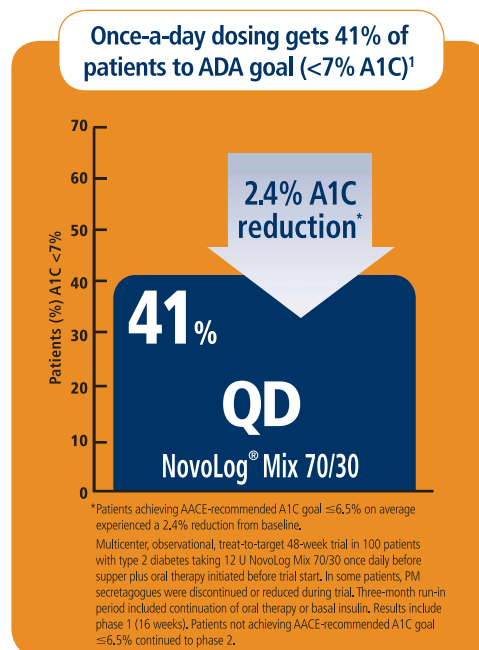
In the breast cancer group, 6 of the 13

cases were detected as having concurrent breast and thyroid cancers; the remaining 7 thyroid cancers were diagnosed after 6-14 months of follow-up.

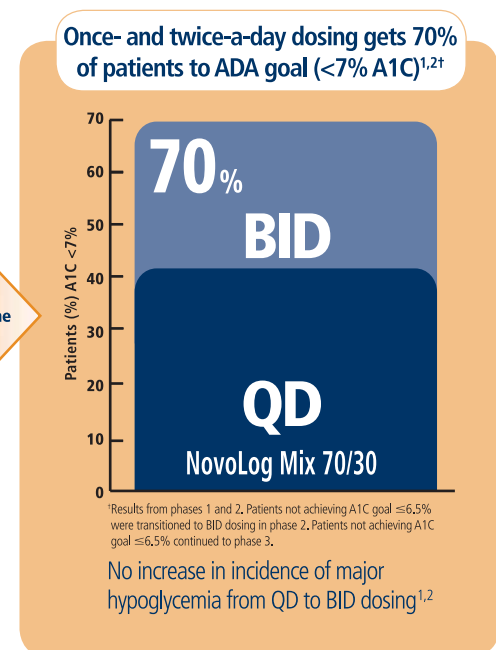
"Sonographic screening to detect thyroid cancer in women is effective, but the survival benefit of early detection needs to be studied further," she said.

Patients were offered the thyroid test free of charge during the study but are now charged and willing to pay for the additional test, she said. ■

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