

## **Session 1.4**

# **Overview of the Clinical Features of Thyroid Cancer: Treatment of Asymptomatic Papillary Microcarcinoma of the Thyroid**

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The recent important trends in thyroid cancer management in Japan include: Increase in the incidence of small thyroid cancer, observation without immediate surgery for low-risk papillary microcarcinoma (PMC) of the thyroid, and publication of the Japanese Thyroid Tumor Management Guidelines 2010 by the Japan Association of Endocrine Surgeons and the Japanese Society of Thyroid Surgery in 2010. This was the first guideline that approved observation without immediate surgery for PMC as a treatment. As the extent of surgical treatment for papillary thyroid carcinoma (PTC), the guidelines recommend hemithyroidectomy for T1N0M0 tumors and total thyroidectomy for tumors with size larger than 5cm, massive lymph node metastases, significant extrathyroid extension or distant metastasis. The guidelines have, unfortunately, a very wide range of gray zone for the extent of thyroidectomy. This is mostly due to the biological nature of PTCs in Japan. The tumors have high tendency of regional lymph node metastases and local invasion to the surrounding organs and less likely to cause distant metastases. However, the present reporter thinks that there is a trend toward performing total thyroidectomy for medium-risk PTCs. This is because rh-TSH and 30 mCi of RAI for thyroid ablation became available as outpatient setting. The recent knowledge of the prognostic importance of serum markers in PTC also influences toward performing total thyroidectomy, since these serum markers are useful only after total thyroidectomy. These markers are serum thyroglobulin and thyroglobulin-doubling time in patients with negative thyroglobulin antibody (TgAb) and changes in serum TgAb values in patients with positive TgAb.