

TUMORI TIROIDEI

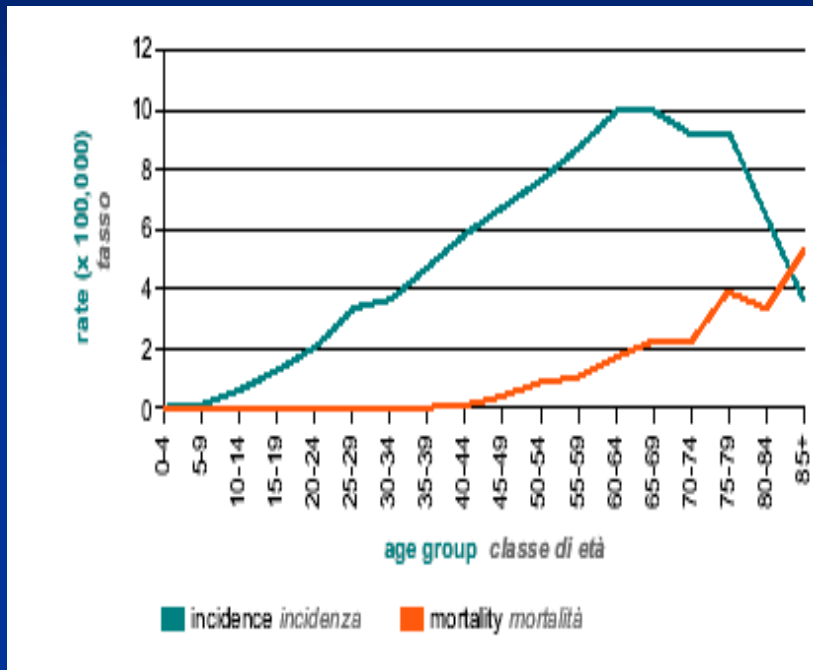
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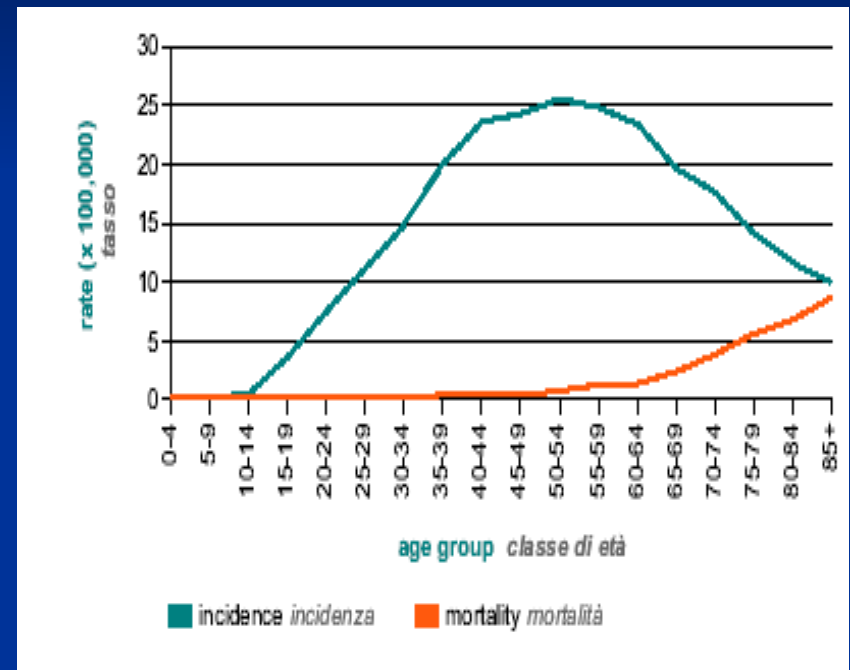
INCIDENZA DEI TUMORI TIROIDEI

RAZZA	MASCHI	FEMMINE
Tutte	4.3 per 100.000	12.5 per 100.000
Bianchi	4.6 per 100.000	13.2 per 100.000
Neri	2.4 per 100.000	7.3 per 100.000
Asiatici	3.9 per 100.000	12.6 per 100.000
Indiani americani/Alaska	2.7 per 100.000	7.8 per 100.000
Ispanici	3.3 per 100.000	11.6 per 100.000

INCIDENZA DEI TUMORI TIROIDEI per classi di età



MASCHI



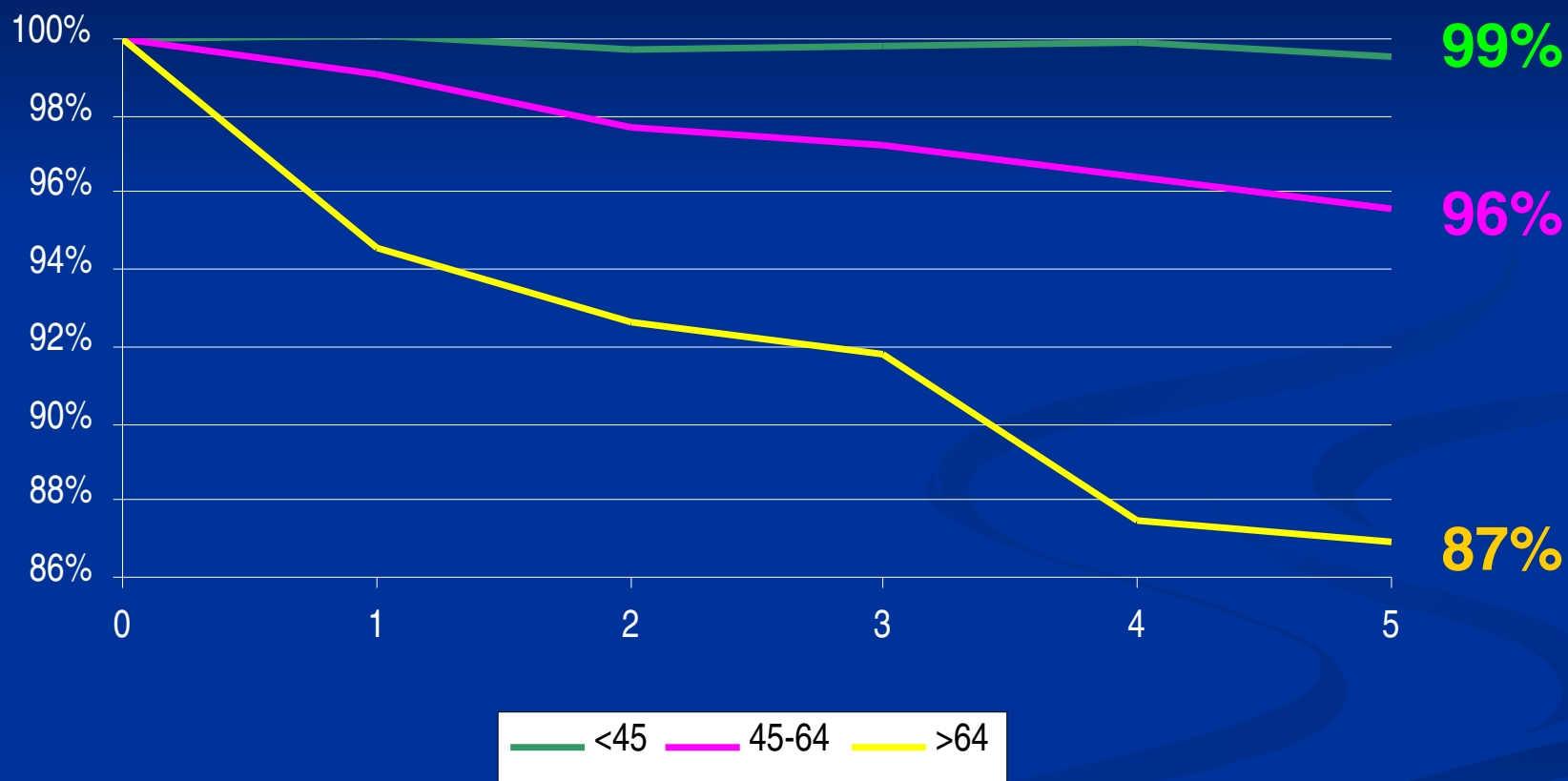
FEMMINE

MORTALITA' PER TUMORE TIROIDEO

RAZZA	MASCHI	FEMMINE
Tutte	0.5 per 100.000	0.5 per 100.000
Bianchi	0.5 per 100.000	0.5 per 100.000
Neri	0.4 per 100.000	0.5 per 100.000
Asiatici	0.4 per 100.000	0.7 per 100.000
Indiani americani/Alaska	0.4 per 100.000	0.7 per 100.000
Ispanici	0.5 per 100.000	0.6 per 100.000

SOPRAVVIVENZA RELATIVA A 5 ANNI

Per gruppi di età



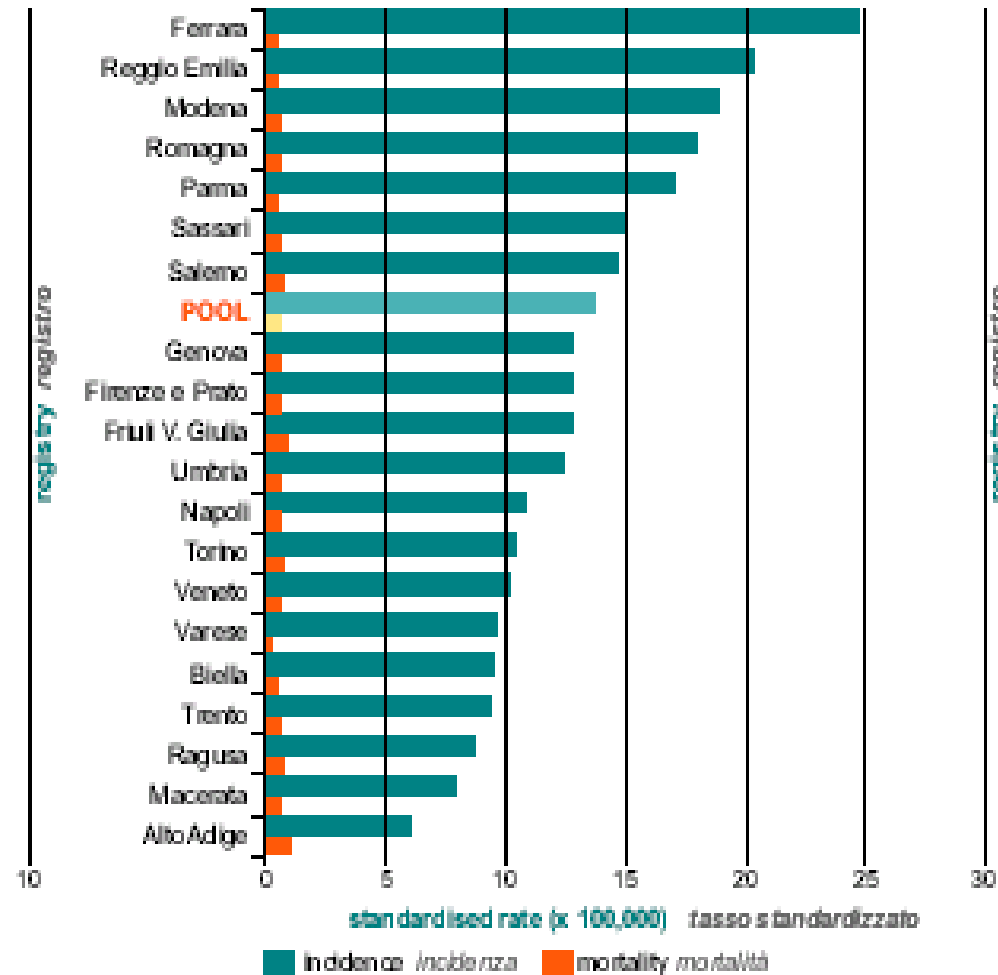
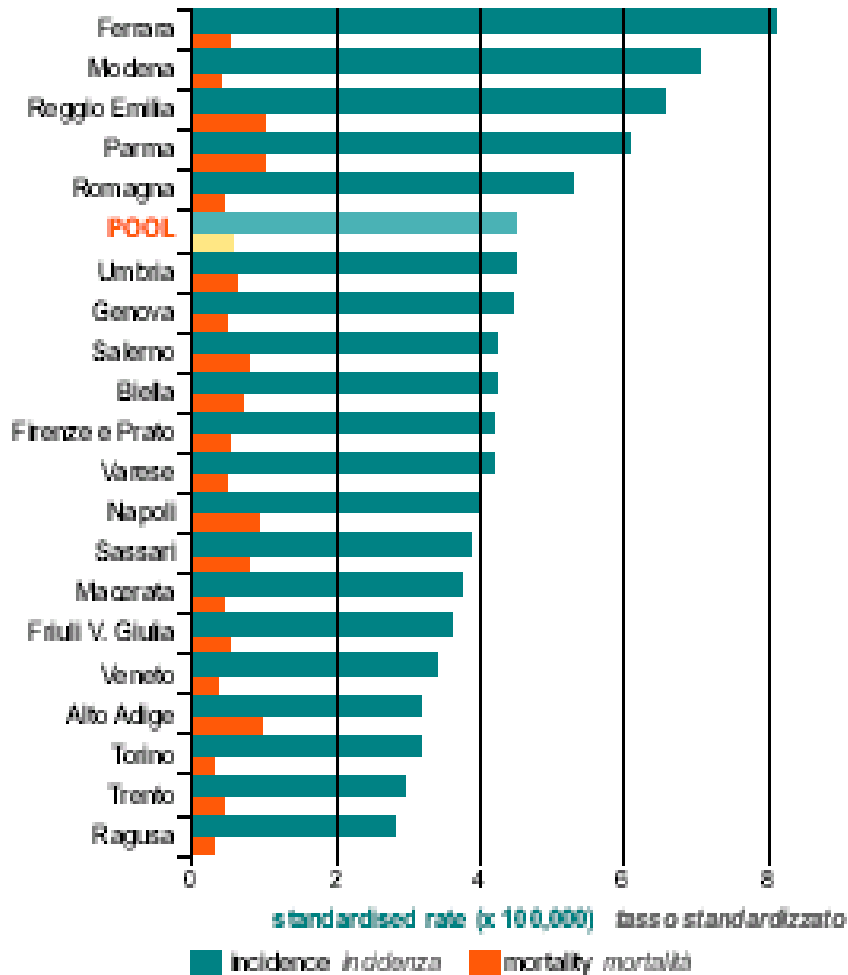
Tumori tiroidei in Italia 1998-2002

- Diagnosi tumorali in Italia 1998-2002:
 - M: 0.7%
 - F: 2.5%
- Mortalità:
 - M 0.2%
 - F 0.5%
- Nuovi casi 2002:
 - M 675
 - F 2579
- Mortalità 2002:
 - M 189
 - F 356
- Et :
 - 50% dei casi diagnosticato <55 anni

Tumori tiroidei in Italia 1998-2002

♂ Maschi Males

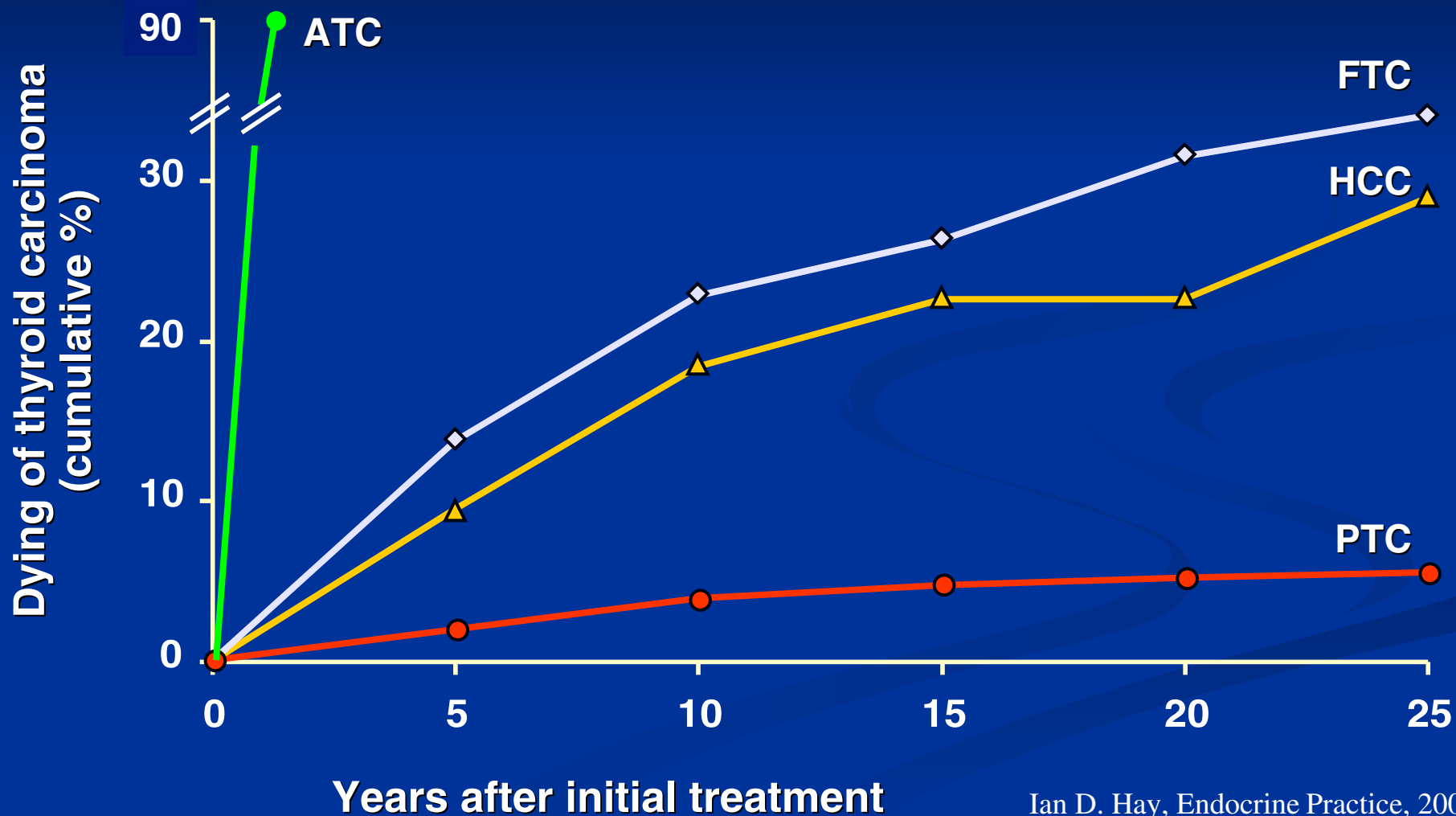
♀ Femmine Females



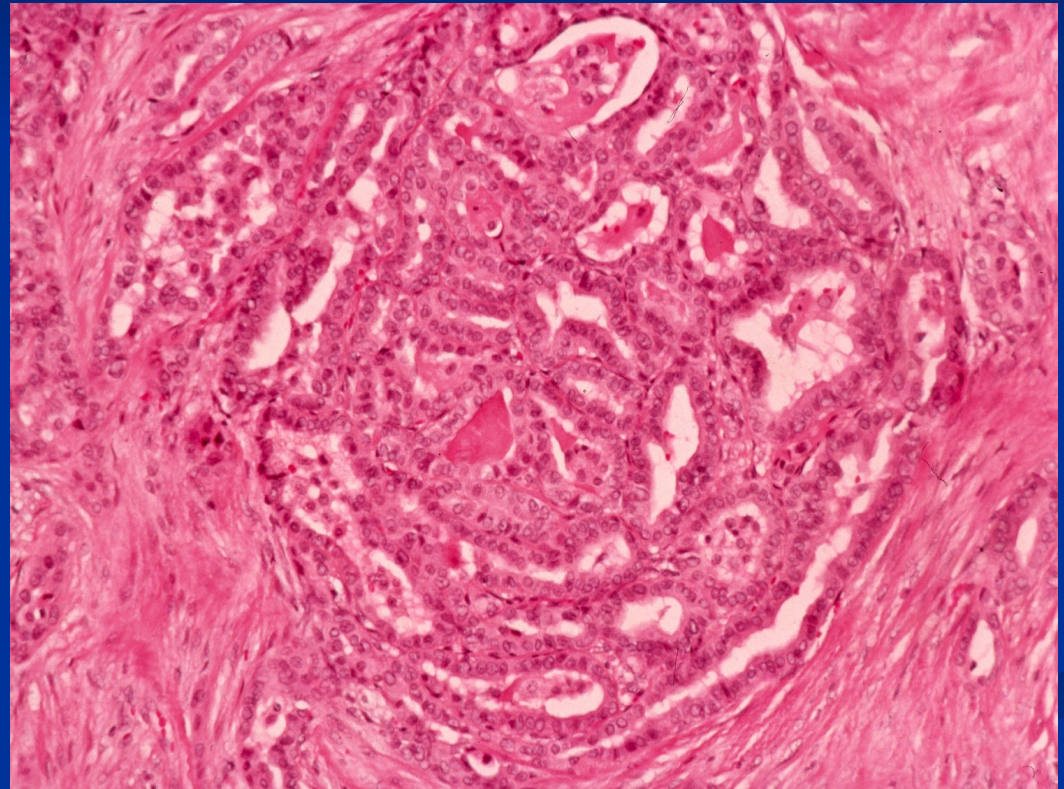
ISTOTIPI TUMORI TIROIDEI

- Carcinoma papillare o papillare misto follicolare (80%)
- Carcinoma follicolare (11%)
- Carcinoma midollare (4%)
- Carcinoma anaplastico (1%)

Cause-Specific Mortality Rates in FCDC

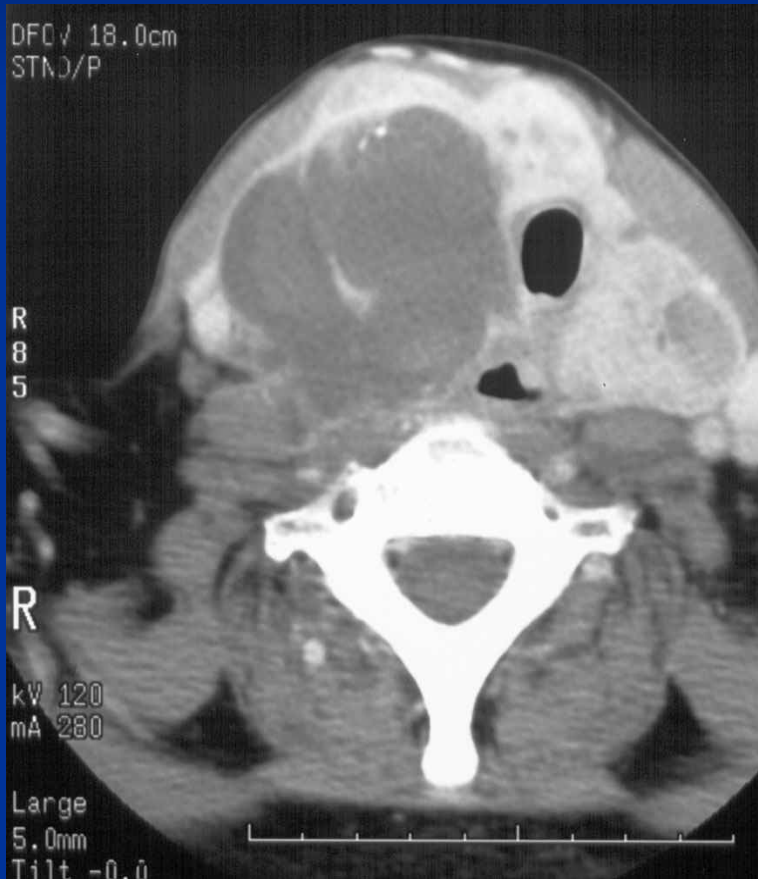


Carcinoma papillare tiroideo (Caso 1)



Microcarcinoma papillare 7 mm

Carcinoma Papillare Tiroideo (Caso 2)

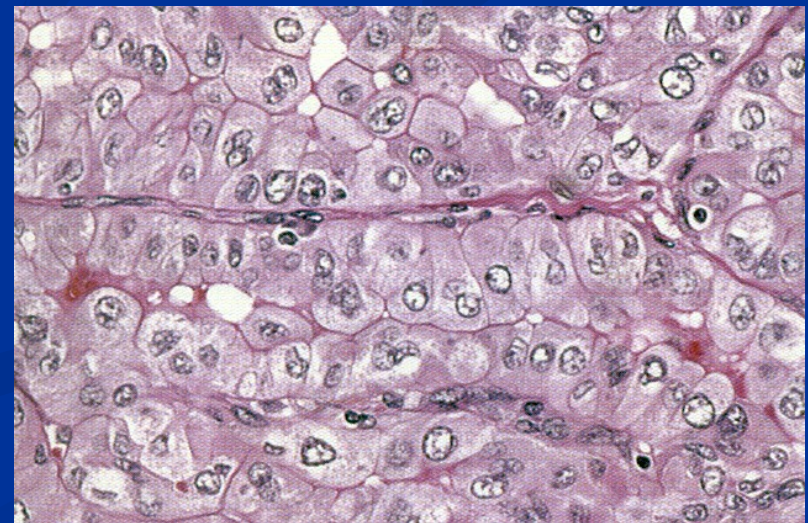
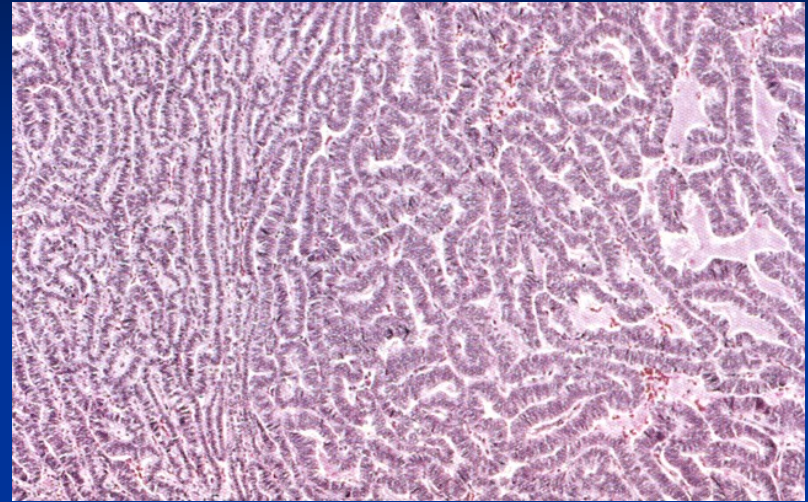


Carcinoma papillare
Localmente avanzato, 8 cm

Carcinoma Papillare

Sottotipi istologici a maggiore rischio prognostico

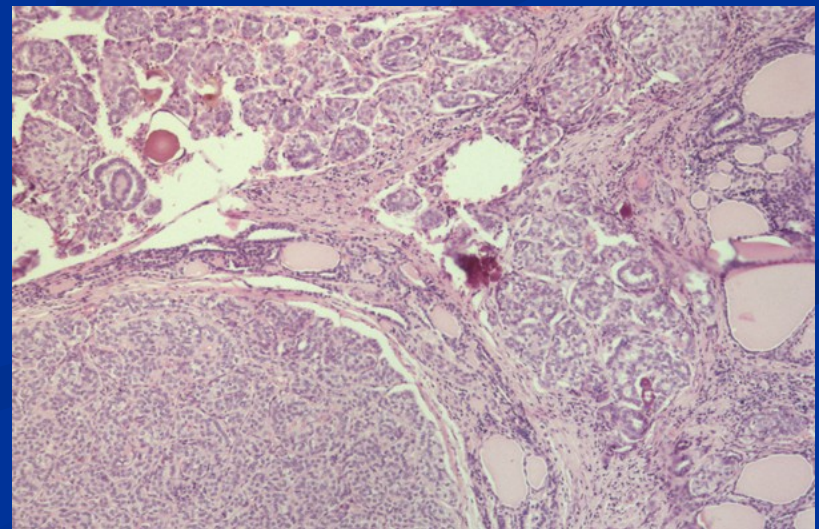
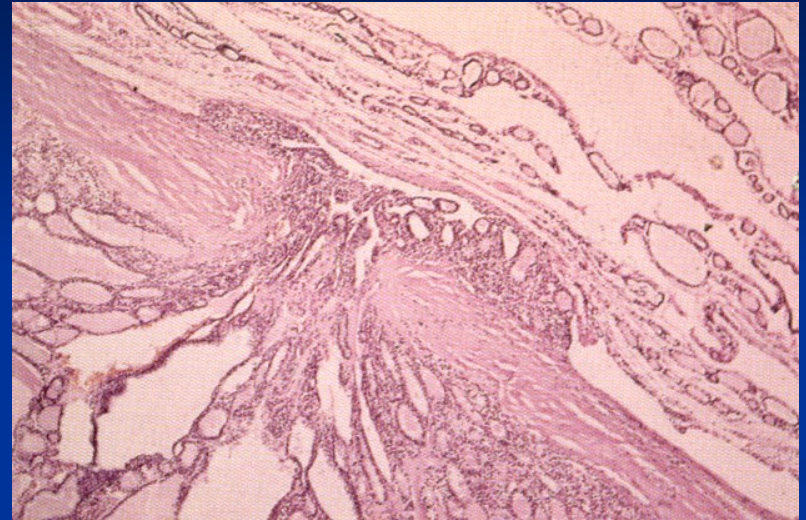
- Tall cell variant
- Columnar Cell Variant
- Diffuse Sclerosing Variant



Carcinoma Follicolare

Sottotipi istologici a più elevato rischio prognostico

- Widely Invasive Follicular Carcinoma
- Hurthle Cell Carcinoma
- Poorly Differentiated ('Insular') Follicular Carcinoma



AJCC/UICC Tumor Classification

	<i>Vth Edition</i>	<i>VIth Edition (2002)</i>
Tx	Not evaluated	Not evaluated
T0	No tumor seen	No tumor seen
T1	≤1cm	≤2cm
T2	1 - 4 cm	2 - 4 cm
T3	>4cm (no invasion)	>4cm, or minimal invasion
T4	Any invasion	Extensive invasion*

*T4a = larynx, esoph, trach, RLN; T4b = prevertebral fascia, vessels; except in ATC, where T4a = intrathyroidal; T4b = any invasion

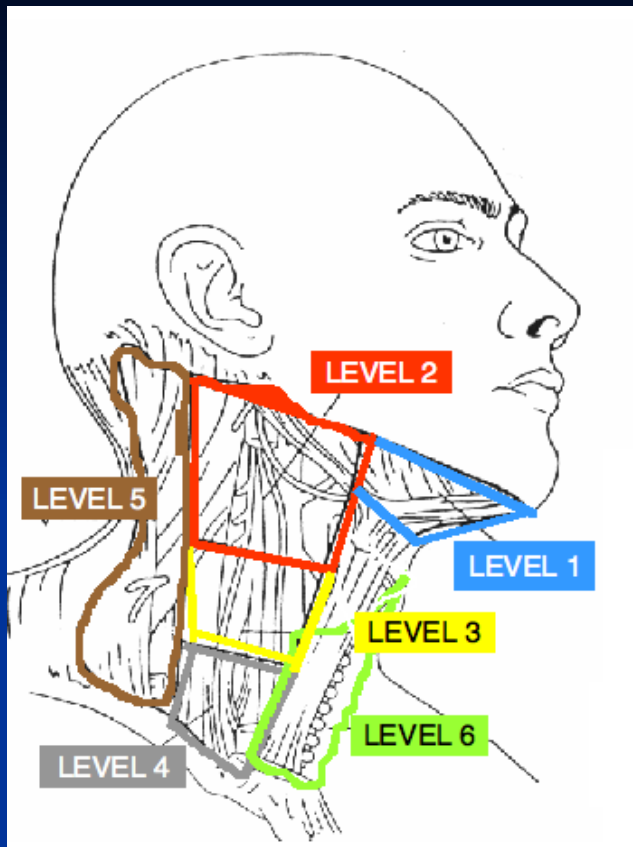
AJCC/UICC Node Classification

Vth Edition

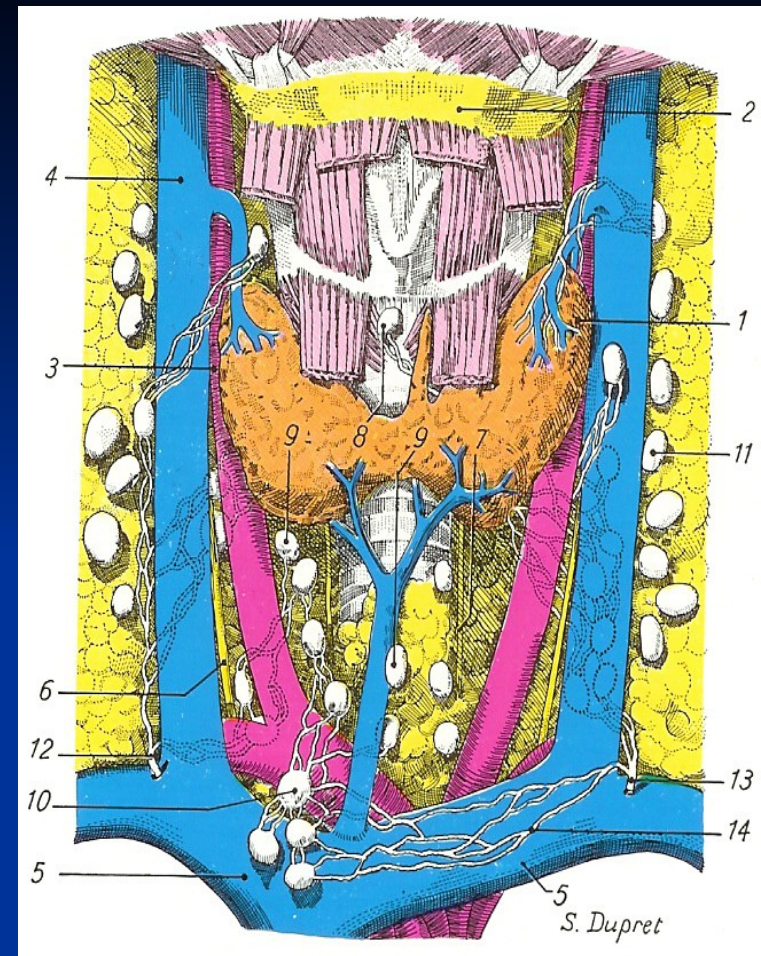
VIth Edition

Nx	Not evaluated	Not evaluated
N0	No nodes involved	No nodes involved
N1a	Ipsilateral nodes	Level VI nodes*
N1b	Bilateral, midline, contralateral or mediastinal nodes	Levels I-V or VII nodes

*Includes pretracheal, paratracheal, prelaryngeal and Delphian nodes



LEVEL 7



N1a: Metastasi ai linfonodi pre- e paratracheali e prelaringei (Livello 6)

N1b: Metastasi uni- o bilaterali ai linfonodi laterocervicali o mediastinici superiori

AJCC/UICC Metastatic Classification

Vth Edition

VIth Edition (2002)

Mx **Not evaluated**

Not evaluated

M0 **No distant metastases**

No distant metastases

M1 **Distant metastases**

Distant metastases

pTNM Staging for FCDTC

2002 Classification

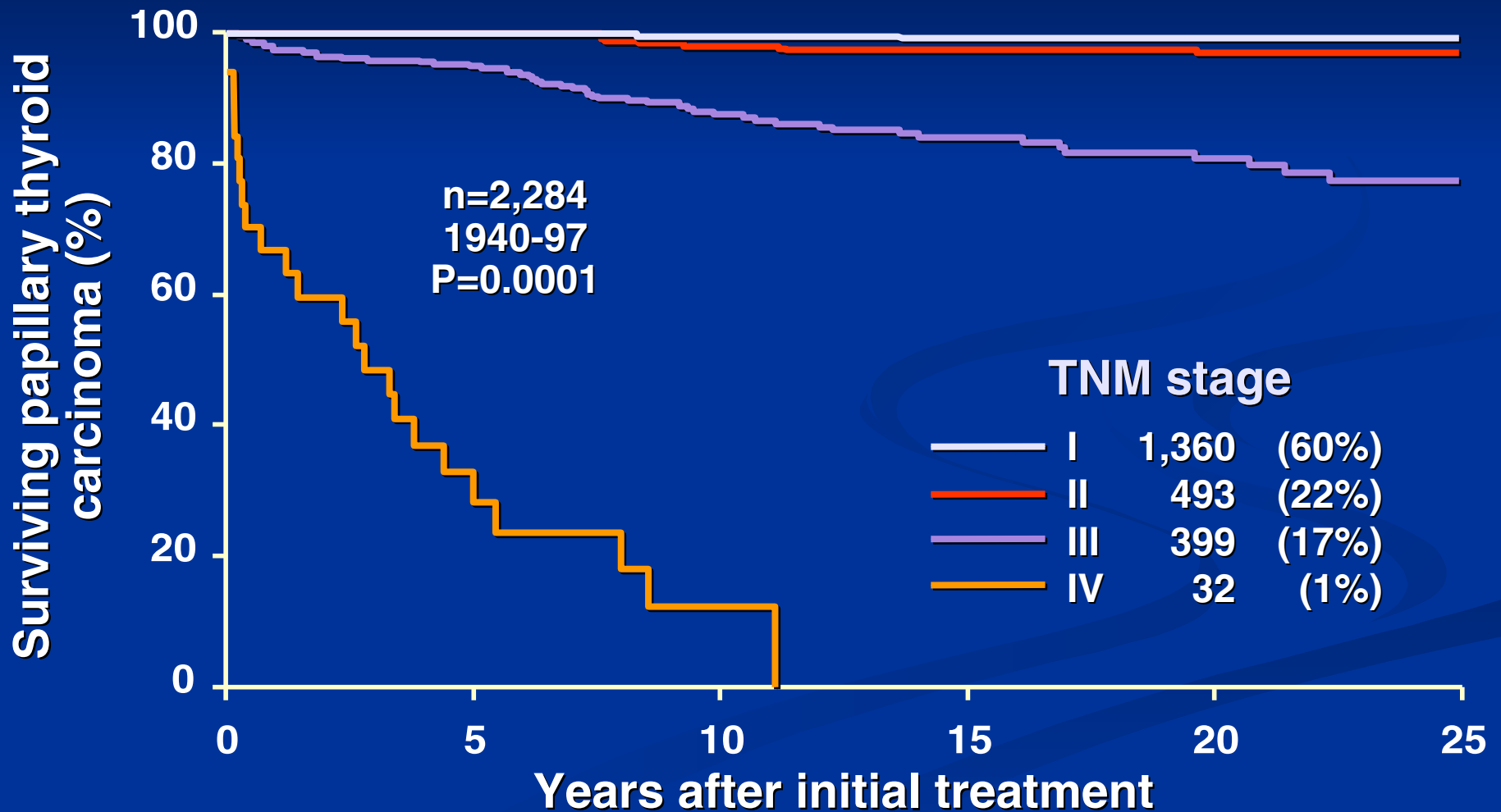
	<45 years	≥45 years
I	TxNxM0	T1N0M0
II	TxNxM1	T2N0M0
III	-	T3N0M0 / T1-3N1aM0
IVA	-	T4aNxM0 / T1-3N1bM0
IVB	-	T4bNxM0
IVC	-	TxNxM1

AJCC/UICC Tumor Classification

- ***Stage IVA: Advanced resectable disease***
- ***Stage IVB: Advanced un-resectable disease***
- ***Stage IVC: Advanced distant metastatic disease***

TNM, Sixth Ed. AJCC 2002

PTC Survival by TNM Stage



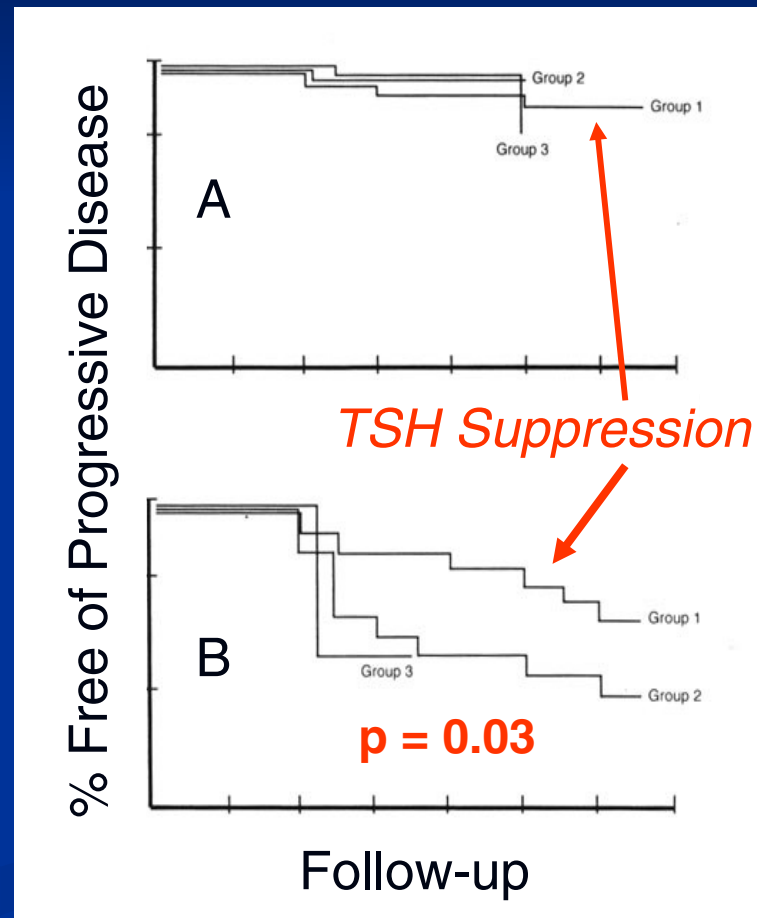
The presence of extrathyroidal invasion is the main risk factor for developing DTC recurrence and mortality from DTC

TSH Suppression and Outcomes

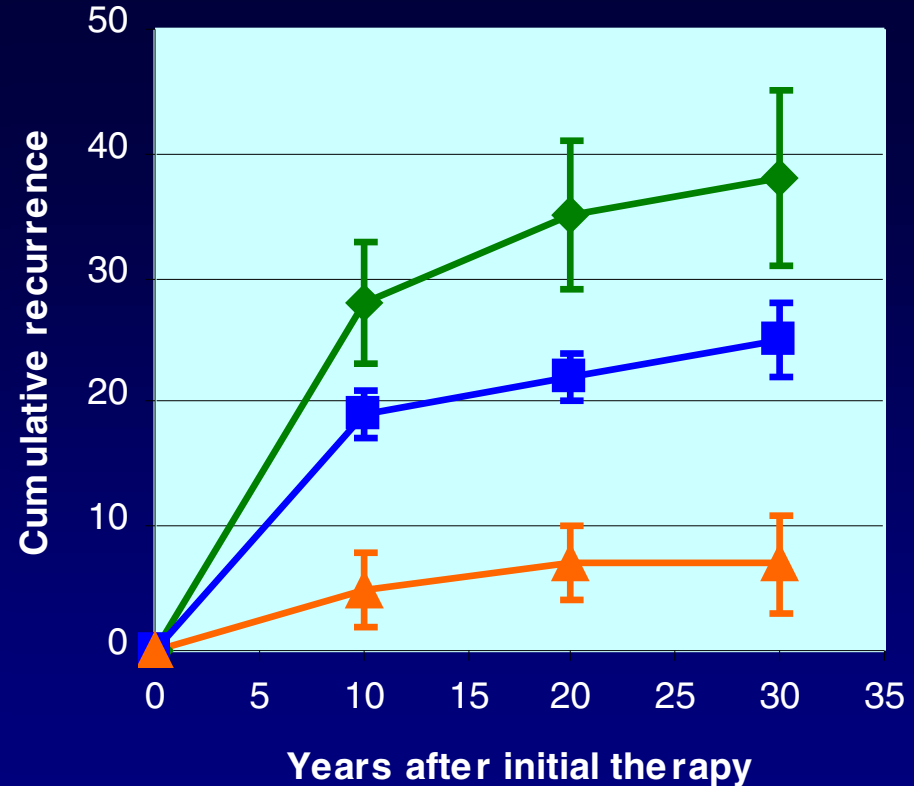
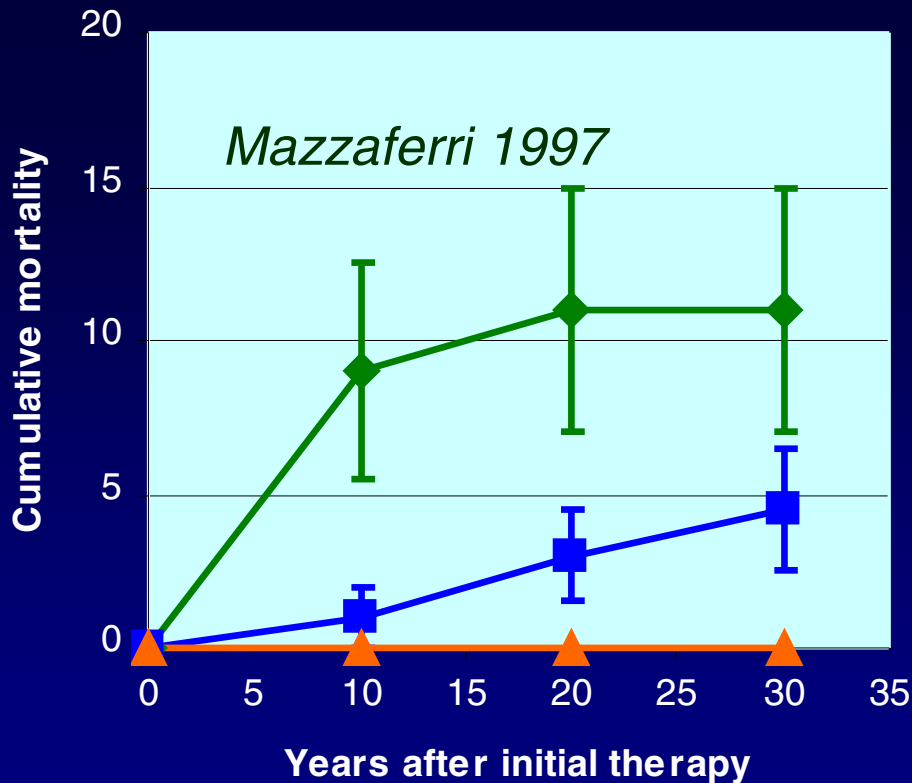
- 683 patients with DTC followed at 14 institutions up to 10 years
- Majority (90%) were PTC

A: Stage I & II

B: Stage III & IV



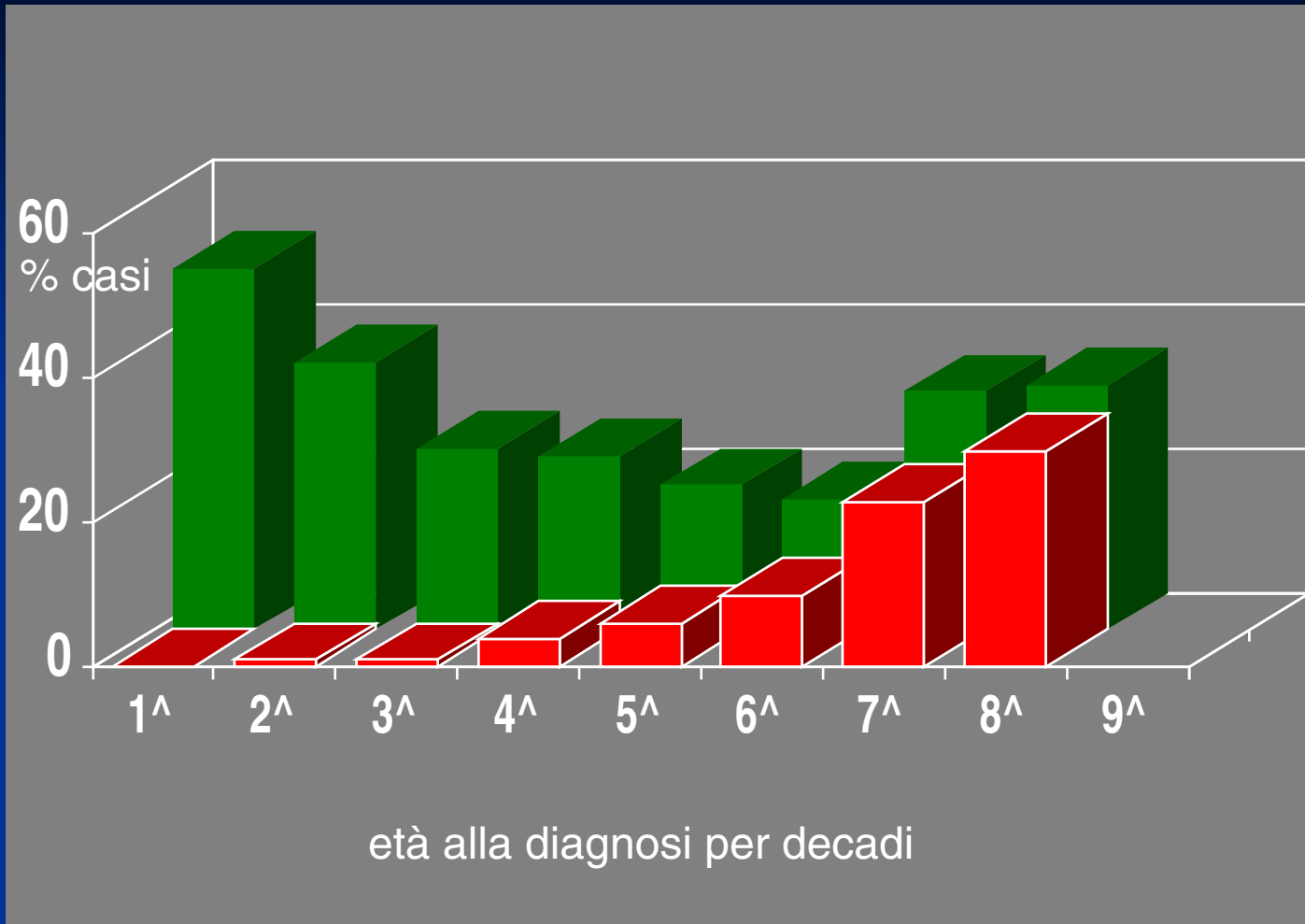
Impact of I¹³¹ on DTC Recurrence and Mortality



◆ No Therapy ■ T4-only ▲ I131 and T4

◆ No Therapy ■ T4-only ▲ I131 and T4

DTC- Morbidity



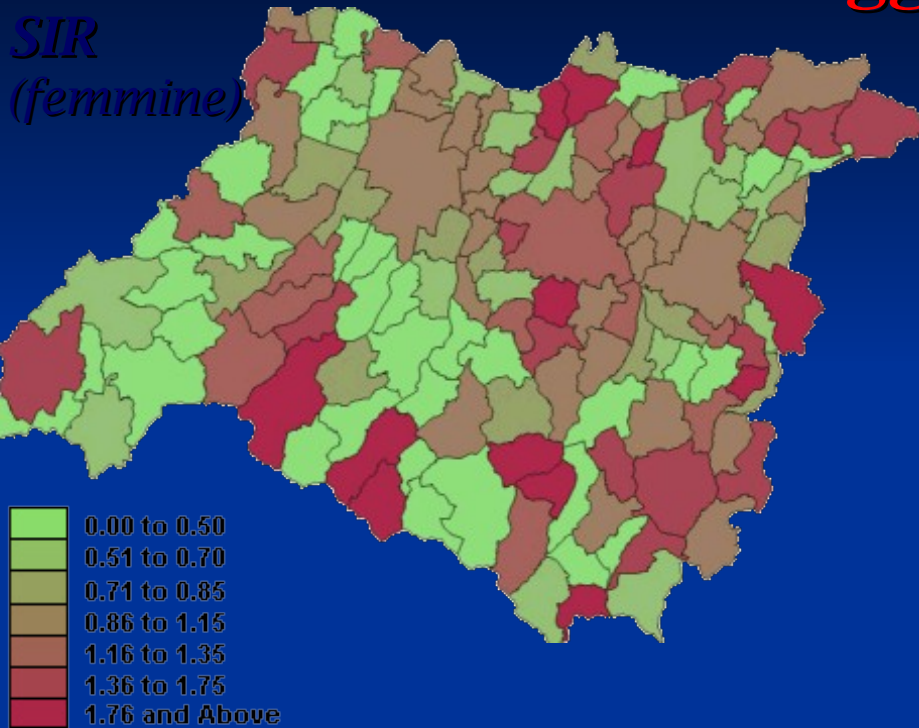
Mo rta lità Recidive

Quale è la nostra
realtà ?

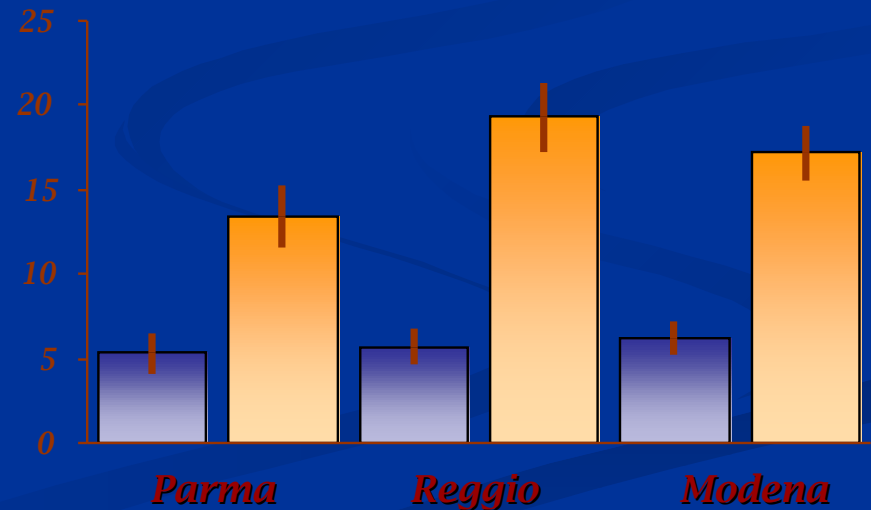
Tumori della tiroide

Parma –Reggio E. - Modena

SIR
(femmine)



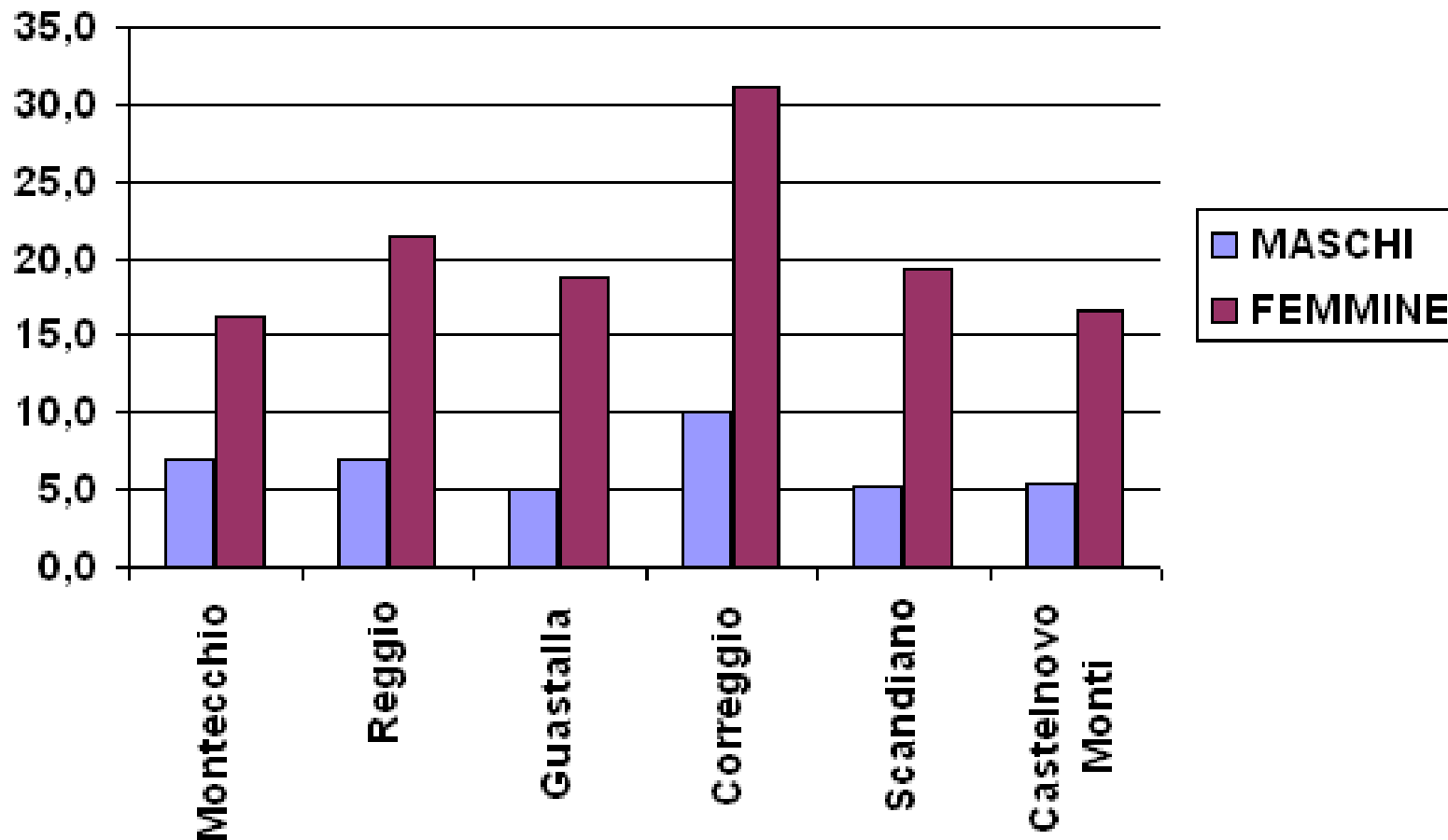
Tassi di incidenza
Italia '81



Aggiustamenti	PR+ Montagna RE	Pianura RE	MO
Età	-	=	=
Altitudine	=	=	=
Ruralità	-	=	=
Provincia	=	=	=

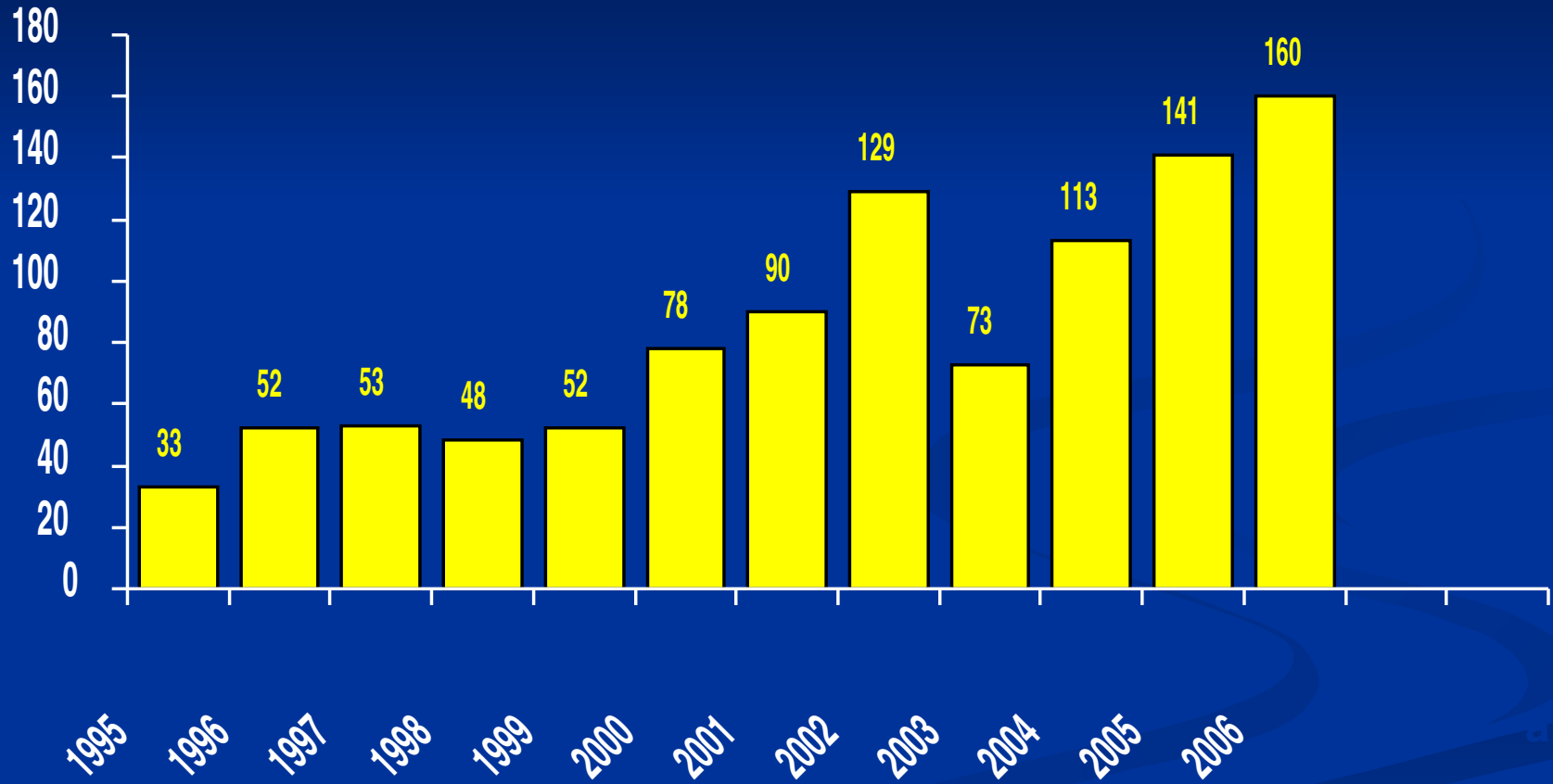
maschi femmine

Tumore della tiroide. Provincia di Reggio Emilia. Anni 1996-04. Distribuzione per distretto. MASCHI e FEMMINE



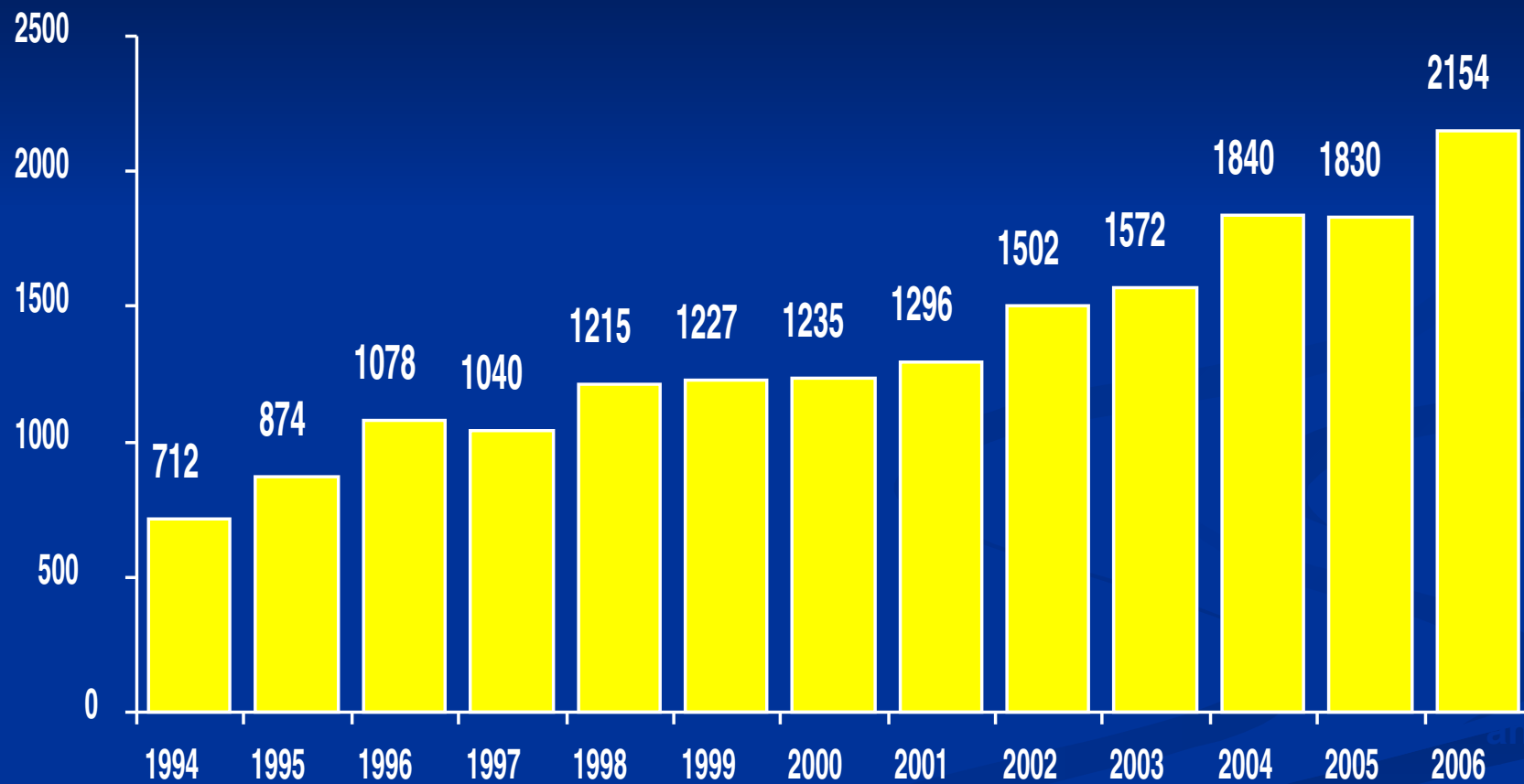
Centro malattie della tiroide

Interventi per tumori della tiroide 1994-2006



Centro malattie della tiroide

Agoaspirati ecoguidati 1994-2006



Centro malattie della tiroide

Casistica Microcarcinoma papillare (1978-2003)

- Tumore differenziato: 1037 pazienti (F 748, M 282)
- microcarcinoma papillare (<1 cm): 445 pazienti (43.2%) (F337, M 98)
- Età media micro-PTC $48.2 \pm SD 13.9$
- Mediana dimensione tumore: 7 mm
- Metastasi linfatiche: 112 pazienti (25.1%)
- Metastasi a distanza 8 pazienti (1.9%)

1248 record

TUMORI DELLA TIROIDE

Registro Tumori Reggio Emilia

RESIDENZA	N. RECORD TOTALE	N. VIVI AL 5/8/2005	N. MORTI	N. PERSI DI VISTA INGNOTI
RE	832	734	88	10
MO	115	106	4	5
PR	12	12	0	0
ALTRA RES/ RESIDENZA IGNOTA	289	-	-	-
TOTALE	1248	852	92	15

Carcinomi tiroidei – problemi aperti

- Storia naturale di decenni
- “screening” di massa non pianificato attraverso color doppler carotidi e altre indagini ecografiche di immagine
- Diagnosi crescente di tumori tiroidei in particolare di microcarcinomi
- Microcarcinoma: innocuo o carcinoma aggressivo inizialmente diagnosticato ?

Centro Malattie della Tiroide

Arcispedale Santa Maria Nuova

Reggio Emilia

Endocrinologia (R. Valcavi)

ORL (V. Barbieri)

Laboratorio (C. Dotti)

Medicina Nucleare (D. Salvo)

Anatomia Patologica (G. Gardini)

Chirurgia Toracica (G. Sgarbi)

