

Central neck dissection underused in some thyroid CA

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(HealthDay)—Only about one-third of patients with medullary thyroid

carcinoma (MTC) undergo initial central neck dissection, which is associated with a reduced rate of reoperation, according to a study published online Sept. 27 in *JAMA Surgery*.

Eric J. Kuo, M.D., from the University of California, Los Angeles, and colleagues examined risk factors associated with reoperation in MTC and disease-specific mortality in a retrospective analysis of hospital data for a sample of 609 patients with MTC.

The researchers found that only 35.5 percent of patients underwent central neck dissection at the time of the initial thyroidectomy despite the procedure being recommended by published guidelines. The rate of reoperation was 16.3 percent, and 6.4 months was the median time to reoperation. The risk of reoperation was increased with the presence of [lymph node metastasis](#) (hazard ratio, 3.43); risk was reduced with central and lateral neck dissection performed at the initial operation (hazard ratio, 0.53). At a median follow-up of 7.7 years, 45.5 percent of patients who underwent reoperation were disease-free. For the entire cohort, the five-year disease-specific mortality was 13.5 percent; independent [risk factors](#) included older age, tumor size greater than 2 cm, and regional and metastatic disease. There was no correlation between reoperation and increased mortality.

"Lymph node dissection may decrease recurrence leading to [reoperation](#) for patients with MTC," the authors write. "Reoperation is a viable strategy to achieve long-term disease-free survival in appropriately selected patients. Central neck dissection remains underused."

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