

TUMORI DELLA TIROIDE

Classificazione TNM

Summary of changes

- Tumor staging (T) has been revised and the categories redefined
- T4 is now divided into T4a and T4b
- Nodal staging (N) has been revised
- All anaplastic carcinomas are considered T4. The T4 category for anaplastic carcinomas is divided into T4a (intrathyroidal anaplastic carcinoma – surgically resectable) and T4b (extrathyroidal anaplastic carcinoma – surgically unresectable)
- For papillary and follicular carcinomas, the stage grouping for patients older than 45 has been revised. Stage III includes tumors with minimal extrathyroid extension. Stage IVA includes tumors of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, OR recurrent laryngeal nerve. Stage IVB includes tumors that invade prevertebral fascia, carotid artery, or mediastinal vessels. Stage IVC includes advanced tumors with distant metastasis

T0 – No evidence of primary tumor

T1 – tumor 2 cm or less in greatest dimension limited to the thyroid

(Supplementum to the 6th edition: T1a-tumor 1 cm or less, T1b-tumor more than 1 cm but not more than 2 cm)

T2 – tumor more than 2 cm, but not more than 4 cm, in greatest dimension limited to the thyroid

T3 – tumor more than 4 cm in greatest dimension limited to the thyroid or any tumor with minimal extrathyroid extension (e.g. extension to sternothyroid muscle or perithyroid soft tissues)

T4 – excluded

T4a – tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve

T4b – tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels. All anaplastic carcinomas are considered T4 tumors

T4a – intrathyroidal anaplastic carcinoma – surgically resectable

T4b – extrathyroidal anaplastic carcinoma – surgically unresectable

Regional lymph nodes are the central compartment, lateral cervical, and upper mediastinal lymph nodes

NX – regional lymph nodes cannot be assessed

N0 – no regional lymph node metastases

N1 – regional lymph node metastases

N1a – metastasis to Level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes)

N1b – metastasis to unilateral, bilateral, or contralateral cervical or superior mediastinal lymph nodes

Distant metastases

MX – distant metastasis cannot be assessed

M0 – no distant metastasis

M1 – distant metastasis

Separate stage groupings are recommended for papillary or follicular, medullary, and anaplastic (undifferentiated) carcinoma

Staging

		<i>Papillary or follicular</i>	
		Under 45 years	
Stage I	Any T	Any N	M0
Stage II	Any T	Any N	M1
		<i>Papillary or follicular</i>	
		45 years and older	
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
Stage IVA	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
Stage IVB	T3	N1b	M0
	T4a	N1b	M0
	T4b	Any N	M0
Stage IVC	Any T	Any N	M1

Indicazione alla terapia radiometabolica

No indication (low risk of relapse or cancer-specific mortality)	Definite indication (use high activity (≥ 3.7 GBq (100 mCi)) after thyroid hormone withdrawal)	Probable indication (use high or low activity (3.7 or 1.1 GBq (100 or 30 mCi)))
Complete surgery Favorable histology Unifocal T ≤ 1 cm, N0, M0 No extrathyroidal extension	Distant metastases or Incomplete tumor resection or Complete tumor resection but high risk for recurrence or mortality: tumor extension beyond the thyroid capsule (T3 or T4) or lymph node involvement	Less than total thyroidectomy or No lymph node dissection or Age < 18 years or T1 > 1 cm and T2, N0 M0 Or unfavorable histology: Papillary: tall-cell, columnar-cell, diffuse sclerosing Follicular: widely invasive or poorly differentiated