

17° Congresso Nazionale AME Joint Meeting with AACE Italian Chapter Update in Endocrinologia Clinica



ROMA 8 - 11 novembre 2018

Noduli tiroidei: le terapie miniinvasive e le loro indicazioni

Le indicazioni nel trattamento della patologia maligna



Giovanni Mauri, MD Division of Interventional Radiology, European Instute of Oncology, Milan, Italy

Disclosures

- Speaking fee from Guerbet
- Consultant for Elesta SrL



Background

- Papillary thyroid cancer: 85% of all thyroid cancers
- Treatment: thyroidectomy ± cervical dissection ± radioactive iodine-131 ablation
- Cervical nodal recurrence may occur in up to 30% of patients and requires repeated surgery and/or radioiodine ablation
- Might MIT reduce the invasiveness of retreatments?



J Clin Endocrinol Metab. 2013 Jan;98(1):E92-7. doi: 10.1210/jc.2012-2991. Epub 2012 Nov 12.

Percutaneous ultrasound-guided laser ablation is effective for treating selected nodal metastases in papillary thyroid cancer.

Papini E1, Bizzarri G, Bianchini A, Valle D, Misischi I, Guglielmi R, Salvatori M, Solbiati L, Crescenzi A, Pacella CM, Gharib H.

- 5 patients, 8 metastatic lymph nodes
- Previous surgical dissection, absent radioiodine uptake
- $64.4 \pm 0.19\%$ mean volume reduction at 6 months (P < 0.02)
- $87.7 \pm 0.11\%$ mean volume reduction at 12 months (P < 0.01)
- No regrowth was registered
- Tg from 8.0 ± 3.2 ng/ml to 2.0 ± 2.5 ng/ml at 12-month (P < 0.02)
- In three patients (60%) Tg levels were undetectable
- Tolerable pain in two cases and mild in three cases.
- Transient dysphonia in one patient

J Clin Endocrinol Metab. 2013 Jul;98(7):E1203-7. doi: 10.1210/jc.2013-1140. Epub 2013 May 10

Percutaneous laser ablation of metastatic lymph nodes in the neck from papillary thyroid carcinoma: preliminary results.

Mauri G1, Cova L, Tondolo T, Ierace T, Baroli A, Di Mauro E, Pacella CM, Goldberg SN, Solbiati L.

Cardiovasc Intervent Radiol. 2016 Feb 24. [Epub ahead of print]

Treatment of Metastatic Lymph Nodes in the Neck from Papillary Thyroid Carcinoma with Percutaneous Laser Ablation.

Mauri G^{1,2}, Cova L³, lerace T⁴, Baroli A⁵, Di Mauro E⁵, Pacella CM⁶, Goldberg SN⁷, Solbiati L^{4,8}.

Patients:

- 24 patients $(62.3 \pm 13.2 \text{ year}; \text{ range } 32-80)$
- Previous thyroidectomy, neck dissection, and radioiodine ablation
- 46 18FDG-PET/CT-positive metachronous nodal metastases
- High surgical risk or refused surgery
- Unsuitable for additional radioiodine ablation

Cardiovasc Intervent Radiol. 2016 Feb 24. [Epub ahead of print]

Treatment of Metastatic Lymph Nodes in the Neck from Papillary Thyroid Carcinoma with Percutaneous Laser Ablation.

Mauri G^{1,2}, Cova L³, lerace T⁴, Baroli A⁵, Di Mauro E⁵, Pacella CM⁶, Goldberg SN⁷, Solbiati L^{4,8}.

Results:

- Technical success 100%, no major complications
- Tg from 8.40 ± 9.25 ng/ml to 2.73 ± 4.0 ng/ml (p = 0.011)
- Serological conversion in 11/24 (45.8%) patients
- Local control in 40/46 (86.9%) In at 30 ± 11 month f-u
- Estimated mean time to progression 38.6 \pm 2.7 m



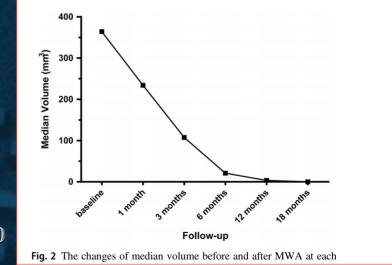


Endocrine. 2018 Aug 13. doi: 10.1007/s12020-018-1711-4. [Epub ahead of print]

Safety and efficiency of ultrasound-guided low power microwave ablation in the treatment of cervical metastatic lymph node from papillary thyroid carcinoma: a mean of 32 months follow-up study.

Teng D¹, Ding L², Wang Y³, Liu C³, Xia Y³, Wang H⁴.

- 11 patients
- 24 cervical lymph nodes
- 20 W microwave ablation
- 100% technical success
- No major complications
- All nodes disappeared
- Mean Tg from 11.81 ± 7.50 ng/ml, to 0.43 ± 0.11 ng/ml 3 months after MWA (P = 0.000)
- No recurrence at 32-month FU



J Endocrinol Invest. 2018 Apr 23. doi: 10.1007/s40618-018-0886-0. [Epub ahead of print]

mRECIST criteria to assess recurrent thyroid carcinoma treatment response after radiofrequency ablation: a prospective study.

Mazzeo S1, Cervelli R2, Elisei R3, Tarantini G2, Cappelli C2, Molinaro E3, Galleri D4, De Napoli L4, Comite C5, Cioni R2, Vitti P3, Caramella D2.

- 16 lesions in 13 patients
- Patients excluded/refused surgery
- RF ablation
- Result assessed with CECT (RECIST 1.1 and mRECIST)
- Procedure always well tolerated
- 2 cases of permanent laryngeal nerve paralysis
- RECIST 1.1, CR in 1/16, PR in 11/16, SD 4/16 cases
- mRECIST, CR IN 11/16 and PR in 5/16

How to asses treatment result?

- US?
- CEUS?
- TG?
- PET?
- CECT?

Urgent need to apply a common language in image-guided thermal ablations

Giovanni Mauri¹ · Anna Pisani Mainini² · Cristian Monaco² · Lorenzo Carlo Pescatori² · Chiara De Angelis³ · Luca Maria Sconfienza^{4,5}

Background:

- Several thyroid tumors are nowadays diagnosed at very early stage, and small dimensions
- Some tumors are not suitable for surgical management
- Some type of thyroid tumors (PTMC) have an excellent prognosis, and active surveillance might be considered instead of surgery
- Image-guided ablations are effective in several types of tumors
- Might ablations be a treatment option for primary thyroid tumors?

Thyroid. 2011 Aug;21(8):917-20. doi: 10.1089/thy.2010.0447. Epub 2011 May 19.

Ultrasound-guided laser ablation of incidental papillary thyroid microcarcinoma: a potential therapeutic approach in patients at surgical risk.

Papini E¹, Guglielmi R, Gharib H, Misischi I, Graziano F, Chianelli M, Crescenzi A, Bianchini A, Valle D, Bizzarri G.

Clinical case:

- 8 x 7 x 7 mm papillary thyroid carcinoma
- Decompensated liver cirrhosis, renal failure, and surgery + radiation therapy for breast cancer
- Treated with PLA







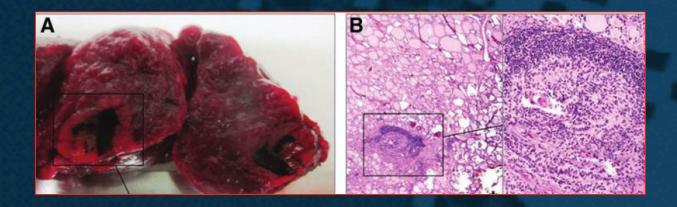
• FNA at 24 months: no malignant cells

Thyroid. 2013 Dec;23(12):1578-82. doi: 10.1089/thy.2013.0279. Epub 2013 Nov 14.

Ultrasound-guided percutaneous laser ablation of papillary thyroid microcarcinoma: a feasibility study on three cases with pathological and immunohistochemical evaluation.

Valcavi R1, Piana S, Bortolan GS, Lai R, Barbieri V, Negro R.

- Three patients
- PTMC < 10 mm
- PLA with 21G needle
- Subsequent surgery
- No viable tumor cells at hystology



Thyroid, 2016 Nov;26(11):1581-1587, Epub 2016 Aug 18.

Efficacy and Safety of Ultrasound-Guided Radiofrequency Ablation for Treating Low-Risk Papillary Thyroid Microcarcinoma: A Prospective Study.

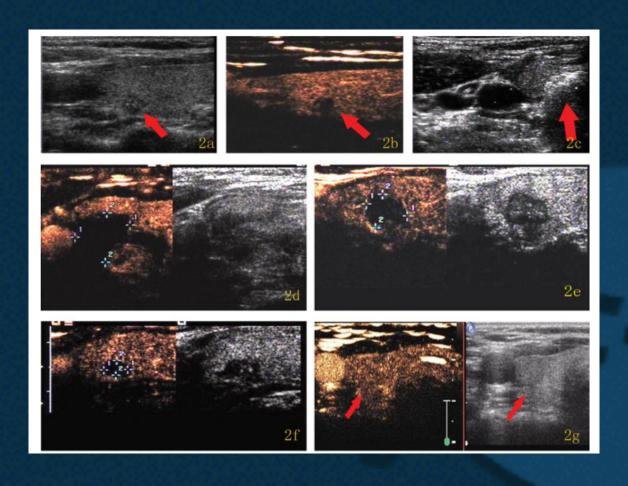
Zhang M¹, Luo Y¹, Zhang Y¹, Tang J¹.

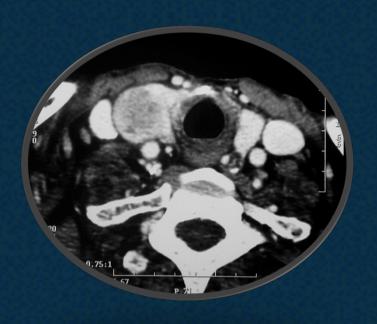
- 92 patients with 98 PTMC (range 1-3)
- Medical contraindications or refusal of surgery
- RFA with moving shot technique
- US and CEUS at 1,3,6, and every 6 months thereafter
- CNB at 3 months
- No major complications
- No viable tumor at CNB
- No local recurrence or distant metastases at 24 months

Thyroid. 2016 Nov;26(11):1581-1587. Epub 2016 Aug 18.

Efficacy and Safety of Ultrasound-Guided Radiofrequency Ablation for Treating Low-Risk Papillary Thyroid Microcarcinoma: A Prospective Study.

Zhang M1, Luo Y1, Zhang Y1, Tang J1.





Follicular thyroid tumor in poor surgical candidate patient

Successful debulking with PLA



Int J Hyperthermia. 2016 Nov 30:1-2. [Epub ahead of print]

Image-guided thermal ablation might be a way to compensate for image deriving cancer overdiagnosis.

Mauri G1, Sconfienza LM2,3.

- Due to improved diagnostic performance, small, indolent PTMC are more often diagnosed
- These tumors might never affect the patient life, but, once a tumor is detected, physicians and patients look for a treatment
- Image-guided ablation might be the way to compensate for overdiagnosis by minimizing the invasiveness of treatment

Conclusions

- Ablation is safe and effective in treatment of recurrent thyroid cancer and in treatment of small TC
- Can be helpful option for debulking in selected cases
- Might be the way to compensate overdiagnosis in PTMC
- Might be an effective alternative to surgery for treating lymph node metastasis

www.termoablazionetiroide.it

Milano, 7-8 Febbraio 2019 Palazzo delle Stelline, Corso Magenta 61

"TRATTAMENTI PERCUTANEI DELLA PATOLOGIA TIROIDEA" 2019

2° incontro MIT GROUP

Responsabile Scientifico: Giovanni Mauri

> Board scientifico: Claudio Maurizio Pacella Enrico Papini Luca Maria Sconfienza Luigi Solbiati





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Thank you!!

giovanni.mauri@ieo.it

