

IMPACT OF LYMPH NODE RATIO IN PAPILLARY THYROID CANCER AFTER THERAPEUTIC NECK DISSECTION

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Introduction Although most patients with papillary thyroid carcinoma have a good prognosis with an average 20-year survival rate over 90%, the substantial risk of recurrence continue to be problematic. Recently, it has been suggested that the lymph node ratio (LNR) is an interesting tool for determining this risk. This study investigated the risk of recurrence according to LNR after therapeutic LN dissection (LND). Methods 416 patients who underwent total thyroidectomy and therapeutic central and lateral LND with LN metastasis between 1996 and 2016 were reviewed in a high-volume endocrine surgery center. One hundred patients (24%) developed recurrence during a median follow-up of 7 years. The cutoff value of LNR distribution was calculated by performing receiver operating characteristic (ROC) analysis. Kaplan–Meier analyses were also utilized to assess the effects of estimated LNR cut-off values on recurrence. Results The mean \pm standard deviation was 0.48 ± 0.32 for central LNR, 0.19 ± 0.18 for lateral LNR, and 0.29 ± 0.2 for total LNR. The minimum number of examined LN required to determine proper LNR criteria was 9. Lateral LNR was the most predictive factor of recurrence (HR=5.76 95%CI 2.59-12.84) compared to central and total LNR. A lateral LNR of 0.17 was selected as the optimal cutoff point (sensitivity (70%) and specificity (58%)) with a probability of recurrence of 44%. For patients with lateral LNR>0.5, this risk of recurrence was 58%. Conclusion N1 patients with lateral LNR >0.17 should be monitored closely for recurrences.