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Teddy Frank Mselle, Julius David Mwaiselage, Khamza Kibwana Maunda, **Lulu Lunogelo Sakafu**, Katherine Van Loon, Bouyoucef Salah Eddin, **Factors Associated with Clinical Outcomes of Differentiated Thyroid Cancer Following Radioiodine Therapy in Tanzania**, September 2019, Cancer Research Journal Volume 7, Issue 3, Pages: 73-78

BACKGROUND: Thyroid cancer is the most common endocrine type of malignancy, accounting for 1-5% of all cancers worldwide. Most of the differentiated thyroid cancers are asymptomatic. Surgery is the mainstay of management to be followed by radioactive iodine (RAI). RAI accessibility is still a challenge in most developing countries including Tanzania.

OBJECTIVE: The aim of this study was to determine factors affecting the clinical outcome of patients with differentiated thyroid cancer (DTC) following RAI treatment in a resource limited setting.

METHODS: This was a prospective cohort study carried out from 2014 to 2018 at the Ocean Road Cancer Institute, in Tanzania. A total of 52 histologically proven differentiated thyroid cancer patients post- near or total thyroidectomy were recruited. All patients received RAI therapy until ablation was achieved, were maintained on thyroxine suppression dose, and were followed for two years.

RESULTS: A total of 52 differentiated thyroid cancer patients were recruited after surgery by convenience sampling. The median age of patients was 46 years (range 17-77), and 87% (n=45) were female. Distant metastases were detected in 60% of patients (n=20) at initial presentation. The most common clinical presentation was a neck mass without compression symptoms (85%). Analysis at the end of two years revealed that female gender, clinical-pathological presentation, and the absence of distant metastasis(es) at diagnosis and amount of RAI received, contributed significantly to improved outcome.

CONCLUSION: In a limited resource setting, the outcome of DTC patients post RAI therapy can be improved by early diagnosis hence improving clinical outcome.