

62-year-old female

Surgery: Total Thyroidectomy

- Pathology: bilateral, multifocal 1.4 cm papillary carcinoma tall-cell variant, and 1.2 cm Hürthle cell carcinoma
- Positive resection margins, capsular invasion, 1 of 2 perithyroidal lymph nodes positive for metastasis
- TNM: T2, N1a, M0
- Suppressed Tg: <1 µg/L



Application of the RAI personal selection protocol. Protocol also included neck ultrasound

- 1st Stimulated Tg (Stim-Tg) measurement 3 months post-surgery: 3 µg/L
- 2nd Stim-Tg measurement 2 years post-surgery: 3 µg/L

8-year Follow-up

- No residual papillary thyroid cancer by neck ultrasound
- Stim-Tg: ≤0.2 µg/L

This case study is based on a patient evaluated in the Orlov study.¹

Decisions surrounding patient care depend on the physician's professional judgment in consideration of all available information for the individual case.

**Under the
Personalized RAI
Selection Protocol¹,
consider RAI
ablation**

1. Orlov S, et al. *Endocrine*. 2015;50:130-137.