

## 61-year-old female

### Surgery: Total Thyroidectomy

- Pathology: 1.1 cm papillary thyroid carcinoma, multifocal
- Negative resection margins, no capsular invasion, 0/3 cervical lymph nodes positive for metastasis
- TNM: T1, N0, M0
- Suppressed Tg: <1 µg/L



Not an actual patient image

### Application of the Personalized RAI Selection Protocol. Protocol included neck ultrasound.<sup>1</sup>

- Stimulated-Tg (Stim-Tg) measurement 3 months post-surgery: 9 µg/L

### RAI Administration

- Administered standard ablative <sup>131</sup>I dose with regional neck uptake

### Evaluation Protocol includes neck ultrasound.

- Stim-Tg measurement 6 months post RAI: <1 µg/L

### 9-year Follow-up (patient was assessed frequently within this period)

- No residual papillary thyroid cancer by neck ultrasound
- Stim-Tg: ≤0.1 µg/L

*This case study is based on a patient evaluated in the Orlov study.<sup>1</sup>*

*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 Protocol<sup>1</sup>,  
this patient would  
receive RAI  
ablation**

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