

# PAPILLARY THYROID CARCINOMA IN PAKISTAN

## Provincial Variations in Disease Patterns

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### METHODS

Retrospective descriptive study of 678 patients with PTC. Hospital Information System records were reviewed for demographics, tumour subtypes, American Thyroid Association (ATA) recurrence-risk categories, TNM stage, and radioiodine (RAI) treatment patterns, including number of therapies and cumulative RAI dose.

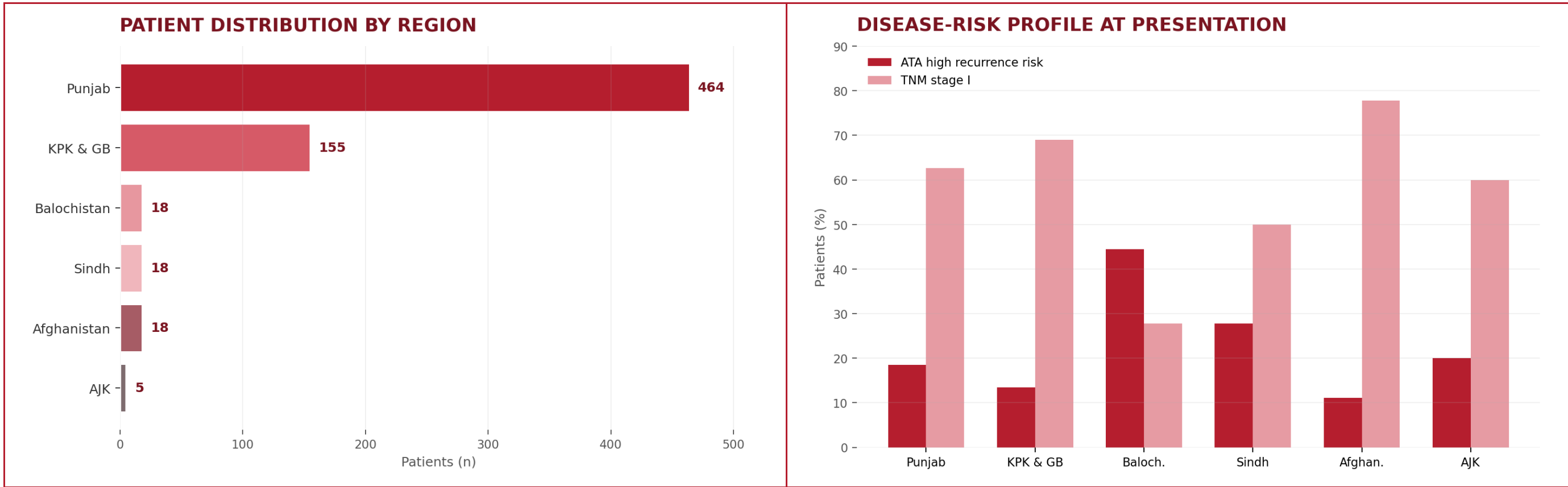
### OBJECTIVE

To describe the demographic, pathological and treatment characteristics of papillary thyroid carcinoma (PTC) patients from different provinces of Pakistan presenting to Shaukat Khanum Hospital between 1995 and 2015, with 10-year follow-up.

### RESULTS

|                       |                     |           |
|-----------------------|---------------------|-----------|
| 678                   | 1995–2015           | 10-year   |
| PTC patients reviewed | presentation period | follow-up |

| Region      | Patients<br>n (%) | Mean<br>age | ATA high<br>risk | TNM<br>stage I | Mean cumulative<br>RAI dose (mCi) |
|-------------|-------------------|-------------|------------------|----------------|-----------------------------------|
| Punjab      | 464 (68.4%)       | 39          | 18.5%            | 62.7%          | 194                               |
| KPK & GB    | 155* (22.9%)      | 31          | 13.5%            | 69.0%          | 203                               |
| Balochistan | 18 (2.6%)         | 32          | 44.4%            | 27.8%          | 240                               |
| Sindh       | 18 (2.6%)         | 31          | 27.8%            | 50.0%          | 141                               |
| Afghanistan | 18 (2.6%)         | 32          | 11.1%            | 77.8%          | 149                               |
| AJK         | 5 (0.7%)          | 41          | 20.0%            | 60.0%          | 156                               |



### CONCLUSION

The largest PTC patient cohorts originated from Punjab and KPK & GB. These populations were comparable in age, ATA recurrence risk, TNM stage at presentation and cumulative RAI dose. Higher cumulative RAI doses in other regions may reflect referral of patients with more aggressive disease who travelled longer distances for treatment at our cancer hospitals.

