Supplemental Data

Context

This document is associated with a systematic review (SR) that examined to what extent American Thyroid Association guidelines were follow for initial treatment of differentiated thyroid cancer among adult patients in Canada and the United States? Reference numbers are consistent with the systematic review (and therefore are not indexed sequentially).

Guideline adherence findings for initial DTC treatment based on single studies

Information regarding completion thyroidectomy, radioiodine dose, pulmonary metastases, and referral for a clinical trial were provided by single studies that were included in the review. For these treatment aspects, adherence levels were typically around 70%. More studies are required to synthesize the evidence for these treatments or, perhaps, a systematic review specifically designed to identify studies that examined these treatments.

Completion thyroidectomy

One physician survey (41) provided insights for concordance with the 2006 recommendation for completion thyroidectomy (recommendation 29) through case scenarios. First, 70.3% (see SR Table 4: Wu et al. (41)) of respondents would not perform completion thyroidectomy for a papillary thyroid microcarcinoma confirmed by pathology after hemithyroidectomy. However, if lymphatic invasion was discovered by pathology, 89.5% of respondents would surgically resect the remaining thyroid gland. These scenarios were considered compatible with the 2006 guidelines (19).
Radioiodine dose

A 2006 Canada-USA survey of physicians examined RAI dose and reported 69.8% concordance (30-100 mCi; recommendation 35 (19)) (see SR Table 4: Sawka et al. (46)) based upon a hypothetical case scenario and the recommended dosage once the decision had been made to treat a 1.6 cm PTC with RAI.

Pulmonary metastasis

An endocrinologist survey provided insights for RAI therapy for a PTC patient with the 2009 recommendations (20) for pulmonary metastasis (guideline recommendation 56), and referral for clinical trial (guideline recommendation 59) (see SR Table 4: Haymart et al.(a) (44)). Of the 68% of respondents that needed to refer the patient for further follow-up, 44% selected the need for a clinical trial, and 33% the need for high-dose RAI (44), both (77%) considered concordant as a clinical trial was recommended for non-RAI-avid pulmonary disease (20).

References


