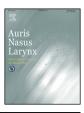
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The treatment and outcome analysis of primary squamous cell carcinoma of the thyroid

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ABSTRACT

Objectives: Primary squamous cell carcinoma (SCC) of the thyroid is a rare disease. It usually presents with locally advanced disease and has an overall poor prognosis. In this study, we investigated the characteristics and outcomes of patients with SCC of the thyroid, and reported our experience with chemotherapy with lenvatinib in the treatment of SCC of the thyroid. *Methods:* The management outcome of 10 patients who had SCC of the thyroid between January

2000 and 2015 at Kyushu University Hospital or associated facilities was reviewed.

Results: There were 3 males and 7 females, ranging in age from 53 to 77 years. Extent of disease was staged as follows: stage IVA, 3 cases; stage IVB, 3 cases; stage IVC, 4 cases. Only tracheostomy was applied for 2 cases, surgical resection, such as total thyroidectomy and neck dissection, for the other 8 cases. Radiotherapy following surgical treatment was applied for 9 cases. Four patients started on oral lenvatinib due to recurrent or progressive SCC of the thyroid. The one year actuarial survival rate of patients was 22.7%. There was no 2-year survivor of all patients. *Conclusions:* Treatment should primarily be targeted at surgical resection with negative margins in patients with resectable disease. Lenvatinib may show promise to potentially extend survival.

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1. Introduction

Primary squamous cell carcinoma (SCC) of the thyroid is a rare disease that accounts for approximately 0.2–1.1% of all thyroid cancers [1,2]. It usually presents as locally advanced disease. The clinical behavior has been reported resemble that of anaplastic carcinoma and patients tend to present at an advanced stage [3]. The diagnosis can be difficult because of the prevalence of squamous metaplasia in other primary thyroid cancers and direct intrathyroidal extension from locally

http://dx.doi.org/10.1016/j.anl.2017.07.009 0385-8146/© 2017 Elsevier B.V.. All rights reserved. aggressive SCCs. Patients often present with bulky local disease or distant metastasis; thus, curative resection is not possible [4,5]. Due to the poor survival rates, it is important to develop effective treatment approaches for these patients. However, there are no standardized guidelines for the treatment of primary SCC of the thyroid. Radiation therapy and/or chemotherapy is the only option for the treatment of patients with unresectable SCC of the thyroid; however, the benefits of the provision of additional treatment after surgery were not evaluated precisely [6,7].

Lenvatinib is a multiple receptor tyrosine kinase inhibitor that selectively inhibits multiple angiogenic and oncogenic signaling pathways [8]. Recently, lenvatinib was approved in the USA and European Union for the treatment of radioiodinerefractory differentiated thyroid cancer and in Japan for the

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Table 1
Detailed clinical and patient characteristics, treatment and outcome.

Patients	Sex/age	TNM stag	Histopathologic diagnosis	Treatment	Surgical procedure	Local surgical margin	Radiation dose, field chemotherapy agent	Radiation effect	Recurrence	Systemic chemotherapy agent	Chemotherapy effect, duration	Follow up periods	Prognosis	Cause of death
1	M/64	T4bN1bM1	SCC	O/R/C	PT + tracheostomy	Positive	61.2 Gy, Neck	Locoregional—PR	Residual tumor	Lenvatinib	PD	7	DOD	Lung matastasis
							CDDP	Lung—PD	(Locoregional, lung)					
2	M/57	T4aN1bM1	SCC+ focal PC	O/R/C	TT + tracheostomy	Positive	61.2 Gy, Neck	Locoregional—CR	0,	Lenvatinib	PD	7	DOD	Lung matastasis
							S1		(Lung)					
3	F/67	T4bN1bM0	SCC	O/R	Tracheostomy	Positive	60 Gy, Neck	Locoregional—PR	Residual tumor	_	_	10	DOD	Neck matastasis
									(Locoregional)					
4	F/66	T4bN0M0	SCC	O/R/C	Tracheostomy	Positive	60 Gy, Neck	Locoregional—PR	Residual tumor	-	-	8	DOD	Neck matastasis
							5-FU		(Locoregional)					
5	F/73	T4aN1bM0	SCC	O/R	TT	Negative	50 Gy, Neck	Locoregional—CR	Locoregional recurrence	-	-	13	DOD	Neck matastasis
6	F/53	T4bN1bM0	SCC	O/R/C	TL + TT	Positive	61.2 Gy, Neck	Locoregional-PD	Residual tumor			8	DOD	Lung matastasis
							S1		(Locoregional), Lung metastasis					
7	F/77	T4aN1bM0	SCC	O/R/C	TT	Negative	61.2 Gv Neck	Locoregional—CR		_	_	6	DOD	Lung
,	1,,,,	1 1411101010	500	0/10/0		rieguire	01.2 GJ, 1400k	Locologional Cit	Early metastasis			0	DOD	matastasis
							S1							
8	F/59	T4bN0M1	SCC	0	TT + tracheostomy	Positive	-	-	Residual tumor	-	-	3	DOD	Brain, Lung matastasis
									(Locoregional,					
									Lung)					
9	M/63	T4bN1bM1	SCC	O/R/C	PT+	Positive	60 Gy, Neck	Locoregional—PR	Residual tumor	Lenvatinib	SD	11	DOD	Lung
					tracheostomy				(Locoregional, Lung)		5 months \rightarrow PD			matastasis
10	F/72	T4aN0M0	SCC + focal PC	O/R/C	TL+TT	Negative	50 Gy. Neck	Locoregional—CR	0/	Lenvatinib	PR	23	DOD	Lung
						- ieguaite	2. 0 <i>j</i> , 1.00k	O			6 months \rightarrow PD		- 02	matastasis
							_							

TT: total thyroidectomy; PT: partial thyroidectomy; TL: total laryngectomy; O: operation; R: radiation; C: chemotherapy; DOD: died of disease.

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