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The role of nuclear medicine in Differentiated Thyroid Cancer (DTC)**Andreas Lim***Indriati General Hospital, Indonesia*

Thyroid cancer is one of the most common malignant tumors in the endocrine system with estimated incidence of 0.01% to 0.03% per year. It is 3 times more common in women than in men. There are three histologic types of thyroid cancer with DTC as the most common type (around 80% to 90% of all thyroid cancer). This cancer has a 10-year survival rates above 90% if treated adequately which involved surgery, radioactive iodine and thyroid hormone suppression. Theragnostic is an invaluable tool in personalized medicine. Radioactive iodine is the first theragnostic agent used on DTC and its metastases. A study conducted by El Mazzaferi et al. (2001) concluded that radioactive iodine therapy decrease the recurrence rate up to 5 times compared to patients who only received thyroid hormone suppression therapy after surgery. Radioactive iodine therapy is given based on risk stratification system. One of the most common used risk stratification is American Thyroid Association (ATA) risk stratification which divided the risk as low, intermediate and high risk. Hospitalization in isolation room is required for patients who received more than 30 mCi of radioactive iodine. In conclusion, thyroid cancer is a slow growing tumor with high survival rates as long as adequately treated. Nuclear medicine has a theragnostic role in the treatment of thyroid cancer. By using radioactive iodine, thyroid cancer and its metastases could be diagnosed and treated.

Biography

Andreas Lim has completed his medical doctor from Pelita Harapan University, Tangerang, Indonesia in 2004, and residency in nuclear medicine from Universitas Padjadjaran, Bandung Indonesia in 2020. At the moment, he is working as a full timer nuclear medicine specialist at Indriati Hospital Solo Baru, Central Java, Indonesia. He has published 2 papers in reputed international journals and has been serving as a reviewer in a reputed national journal.