

RCP

Samedi 9 juin 2018

Hôpital Cochin

Patient 83 ans

Cancer papillaire **à cellules hautes**

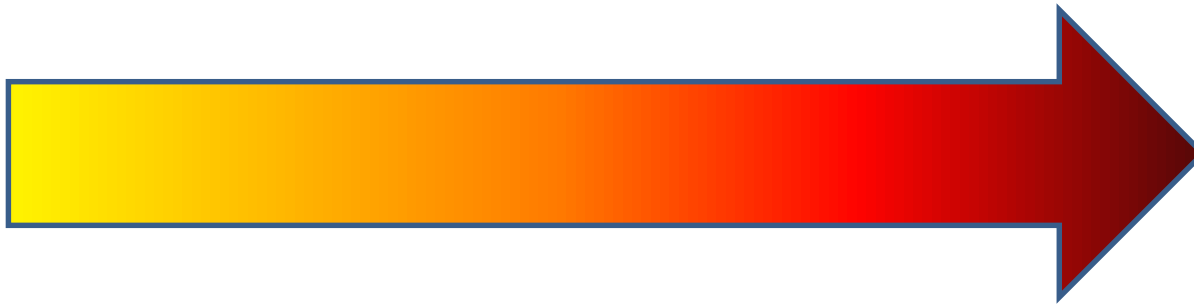
- métastases ganglionnaires
- métastases pulmonaires



Thyroïdectomie totale, curage ganglionnaire

pT3 N1b **R1 M1**

Indication IRAthérapie ?



NON

A discuter

OUI

2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer


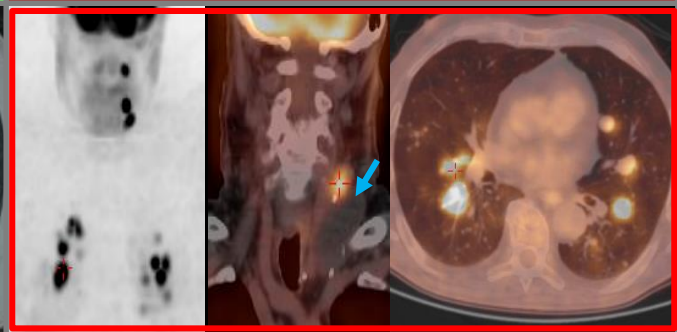
The American Thyroid Association Guidelines Task Force
on Thyroid Nodules and Differentiated Thyroid Cancer

[B37] What is the role of molecular marker status in therapeutic RAI decision-making?

■ **RECOMMENDATION 52**

The role of molecular testing in guiding postoperative RAI use has yet to be established; therefore, no molecular testing to guide postoperative RAI use can be recommended at this time.

(No recommendation, Insufficient evidence)

Date		TSH mUI/L	TG μg/L	Acquisitions post Iode 131	18F-FDG PET
M0		23	0.8		

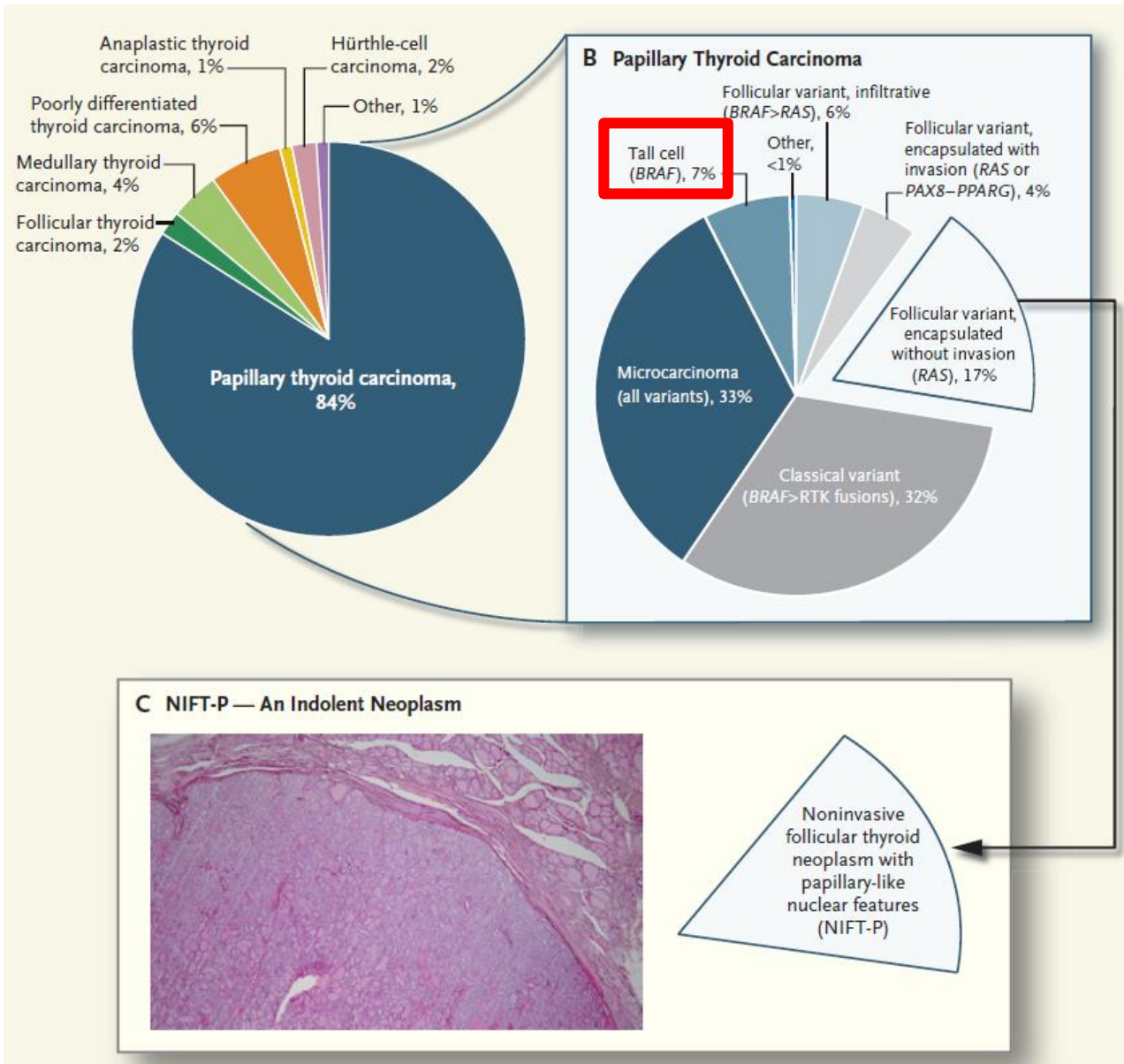
2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer

The American Thyroid Association Guidelines Task Force
on Thyroid Nodules and Differentiated Thyroid Cancer

Définition cancer réfractaire

- **Que fixation lit thyroïdien 1^{re} IRAthérapie, malgré métastases**
- Perte capacité capter iode 131
- Hétérogénéité de fixation
- Progression malgré captation

Types histologiques // anomalies moléculaires !



Patient 83 ans

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Thyroïdectomie totale, curage ganglionnaire

pT3 N1b **R1 M1**

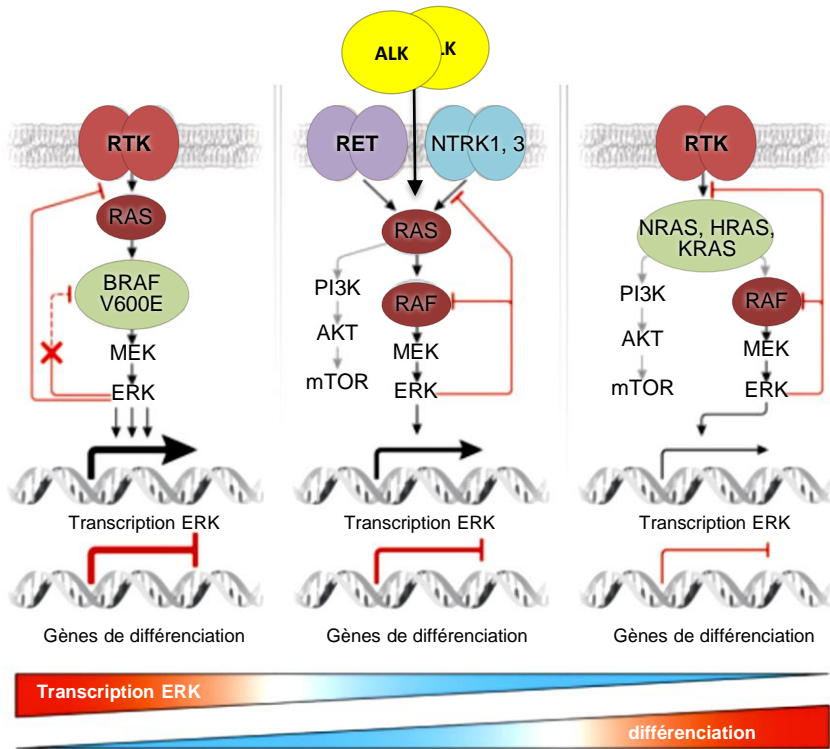


IHC BRAF^{V600E} +

NGS BRAF^{V600E} +

(tumeur et métastase pulmonaire)

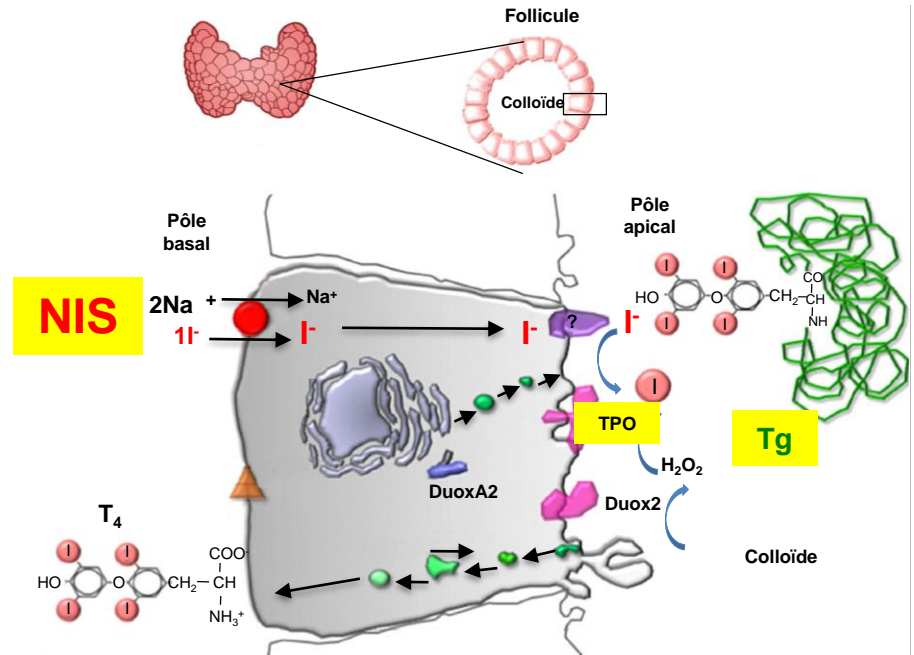
Voies signalisation et cancer



N Engl J Med 2016;375:1054-67.
DOI: 10.1056/NEJMra1501993

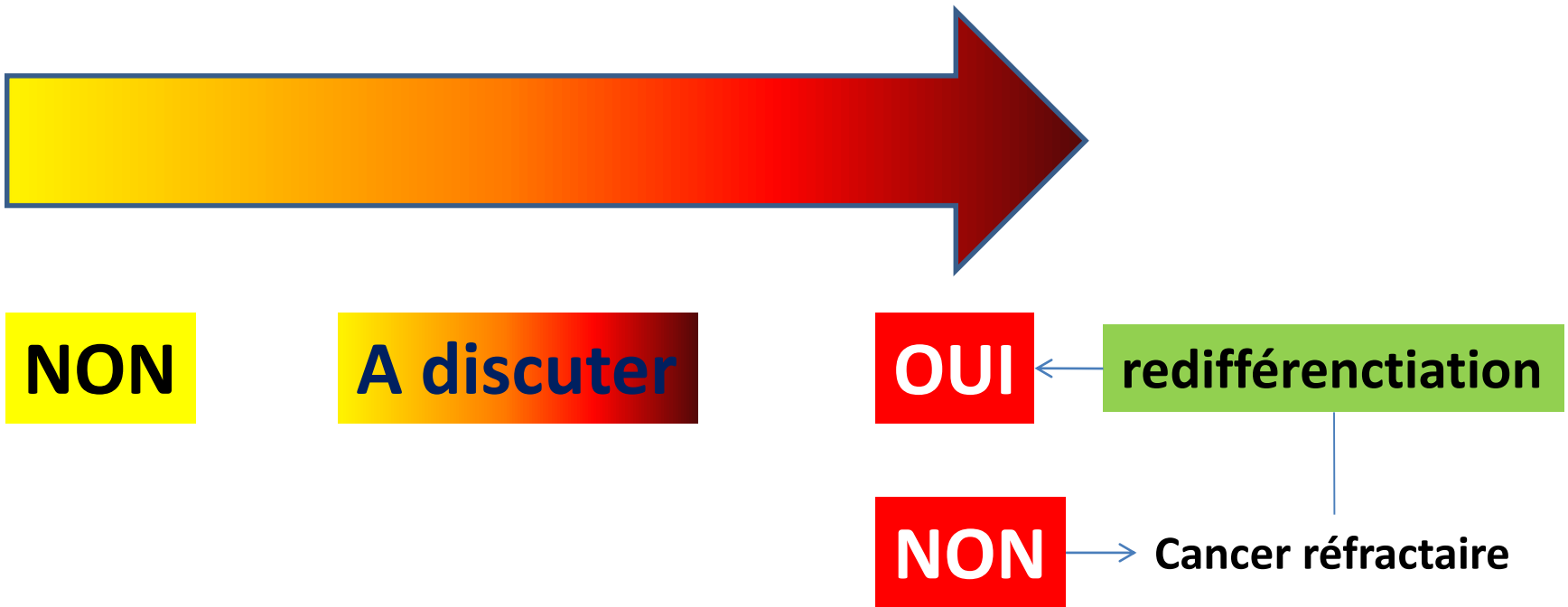
Rôle central voie MAPK
Dédifférenciation variable

Physiologie



→ Captation iode = NIS
(Symporteur Iode Sodium)

Indication IRAthérapie ?





Redifferentiation of Radioiodine Refractory Differentiated Thyroid Cancer for Reapplication of I-131 Therapy

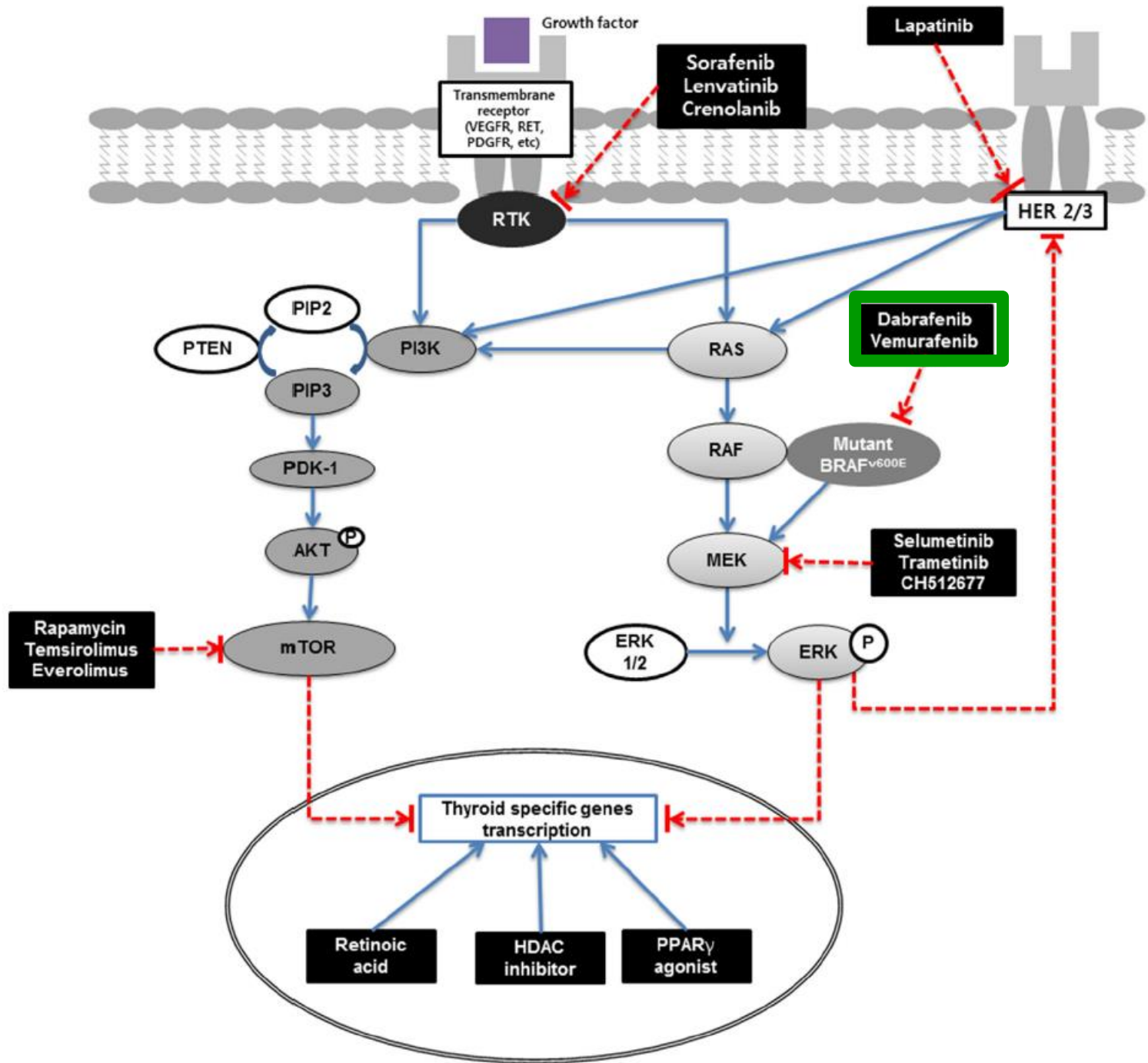
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Department of Nuclear Medicine, Kyungpook National University School of Medicine and Hospital, Daegu, South Korea

TABLE 1 | Redifferentiation target mechanism and candidate drugs.

Target mechanism of redifferentiation	Candidate drugs
Modulating gene transcription	
RA	13-cis-RA, all-trans-RA, bexarotene (RXR activator)
HDAC inhibitor	Depsipeptide (romidepsin), trichostatin A, sodium butyrate, SAHA, valproic acid, curcumin
PPAR γ	Thiazolidinediones (glitazone; troglitazone, rosiglitazone, pioglitazone)
MAPK pathway	
RAF	Dabrafenib, vemurafenib
MEK	Selumetinib, trametinib, CH5126766 (CKI)
Receptor tyrosine kinase	
PDGFR α	Crenolanib
HER3	Lapatinib
Autophagy activator	
PTEN	Antisense-miR-21
mTOR	Rapamycin, temsirolimus, everolimus
Intracellular calcium	Digitalis-like compound, curcumin

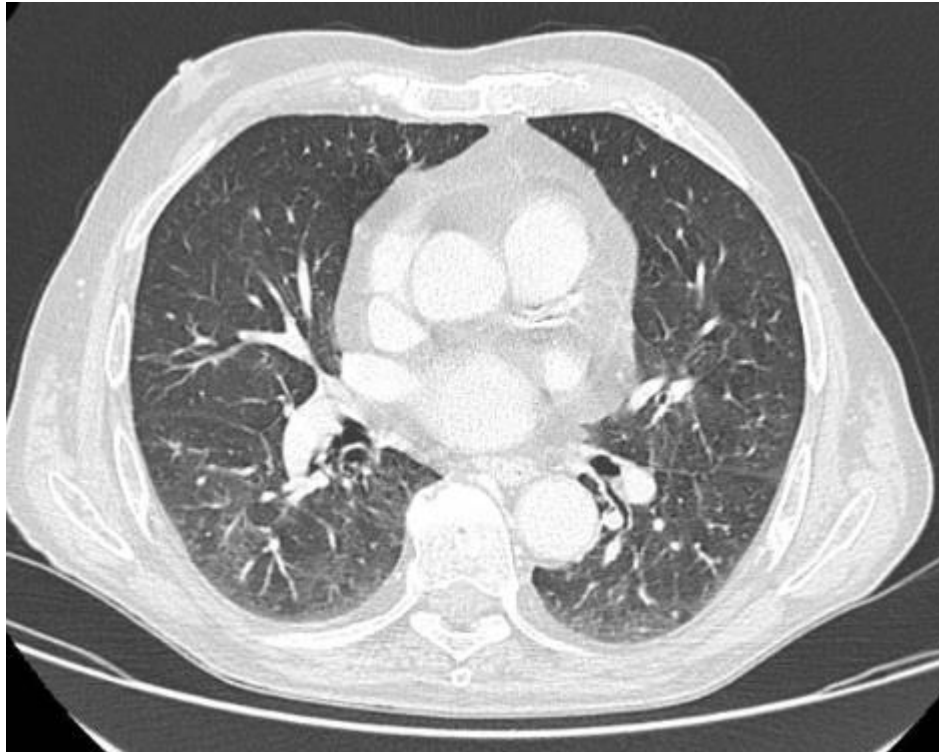
RA, retinoic acid; RXR, retinoid X receptor; HDAC, histone deacetylase; SAHA, suberoylanilide hydroxamic acid; PPAR γ , peroxisome proliferator-activated receptor γ ; MAPK, mitogen-activated protein kinase; RAF, rapidly accelerated fibrosarcoma; MEK, MAPK kinase; PDGFR, platelet-derived growth factor receptors; HER, human epidermal growth factor receptor; PTEN, phosphatase and tensin homolog; mTOR, mechanistic target of rapamycin.



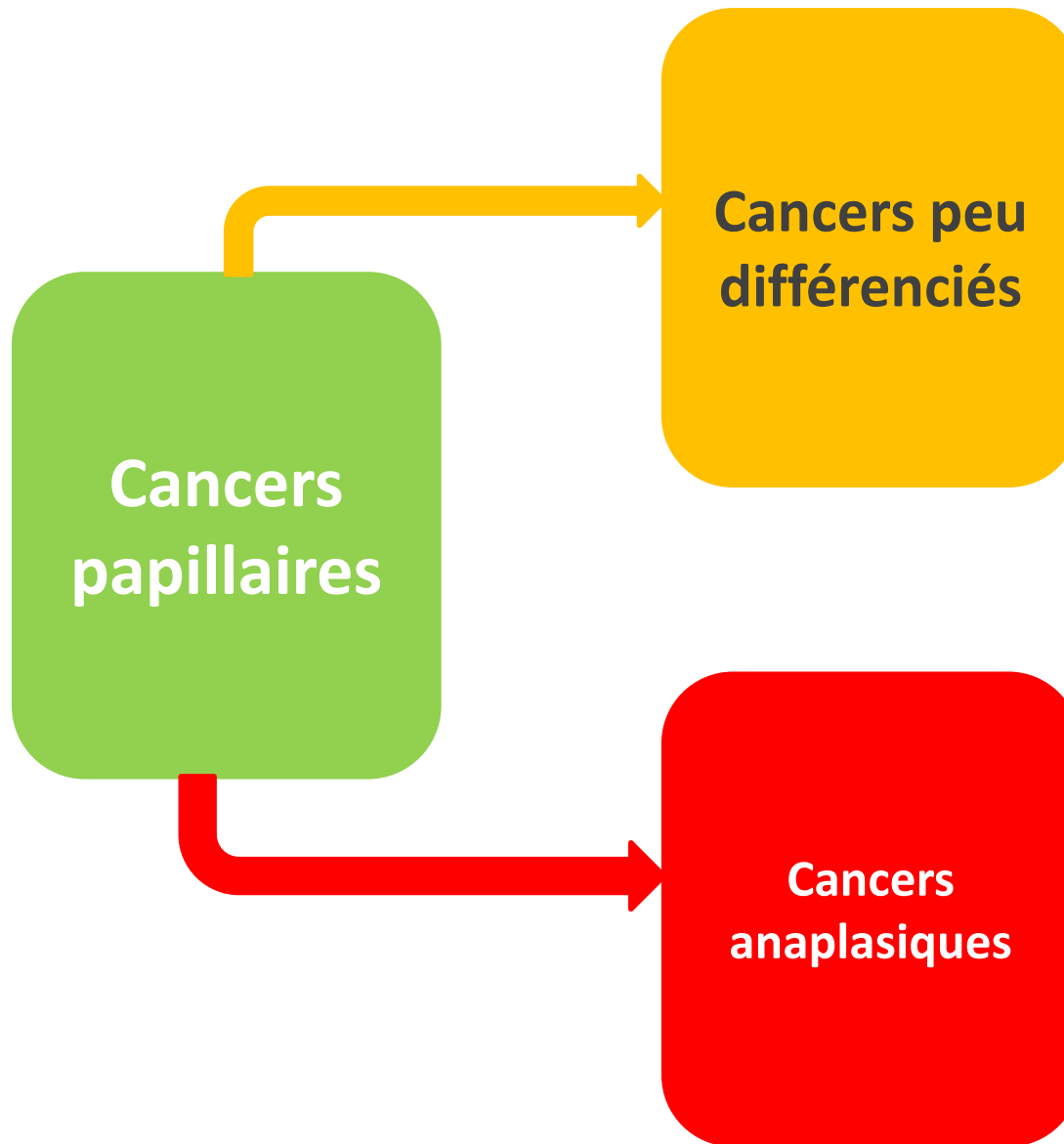
Date	Inhibiteur BRAF	TSH mUI/L	TG $\mu\text{g/L}$	Acquisitions post Iode 131			18F-FDG PET		
M0	aucun	23	0.8						
M8	Vemurafenib	44	271						
M12	arrêté	46	39						
M16	Dabrafenib	69	64						

Le patient ?

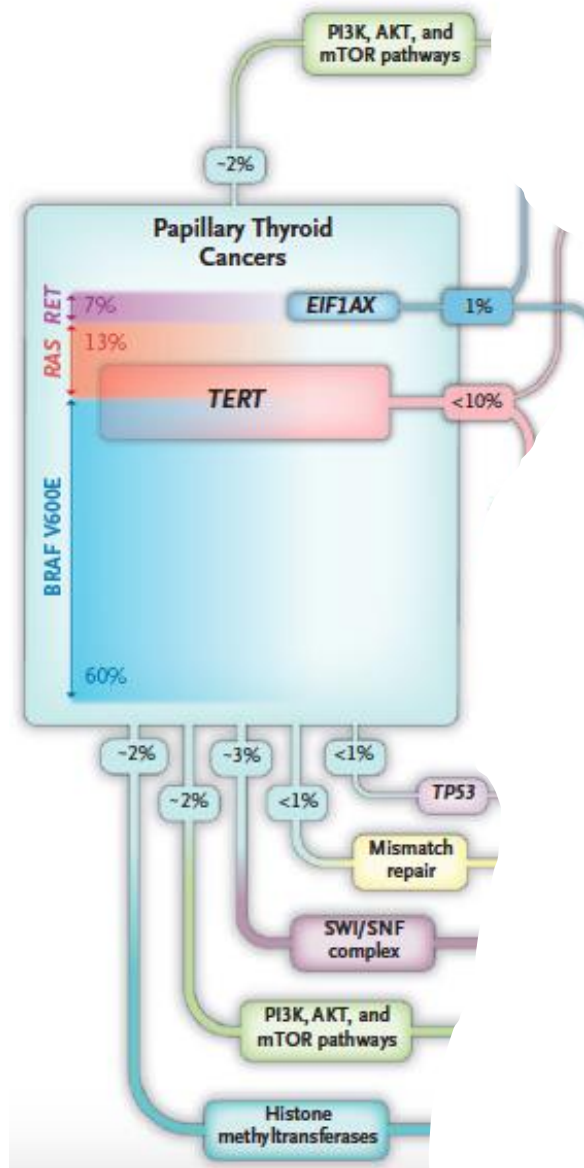
À 4 ans sous dabrafenib
thyroglobuline us base = 0,2 µg/l



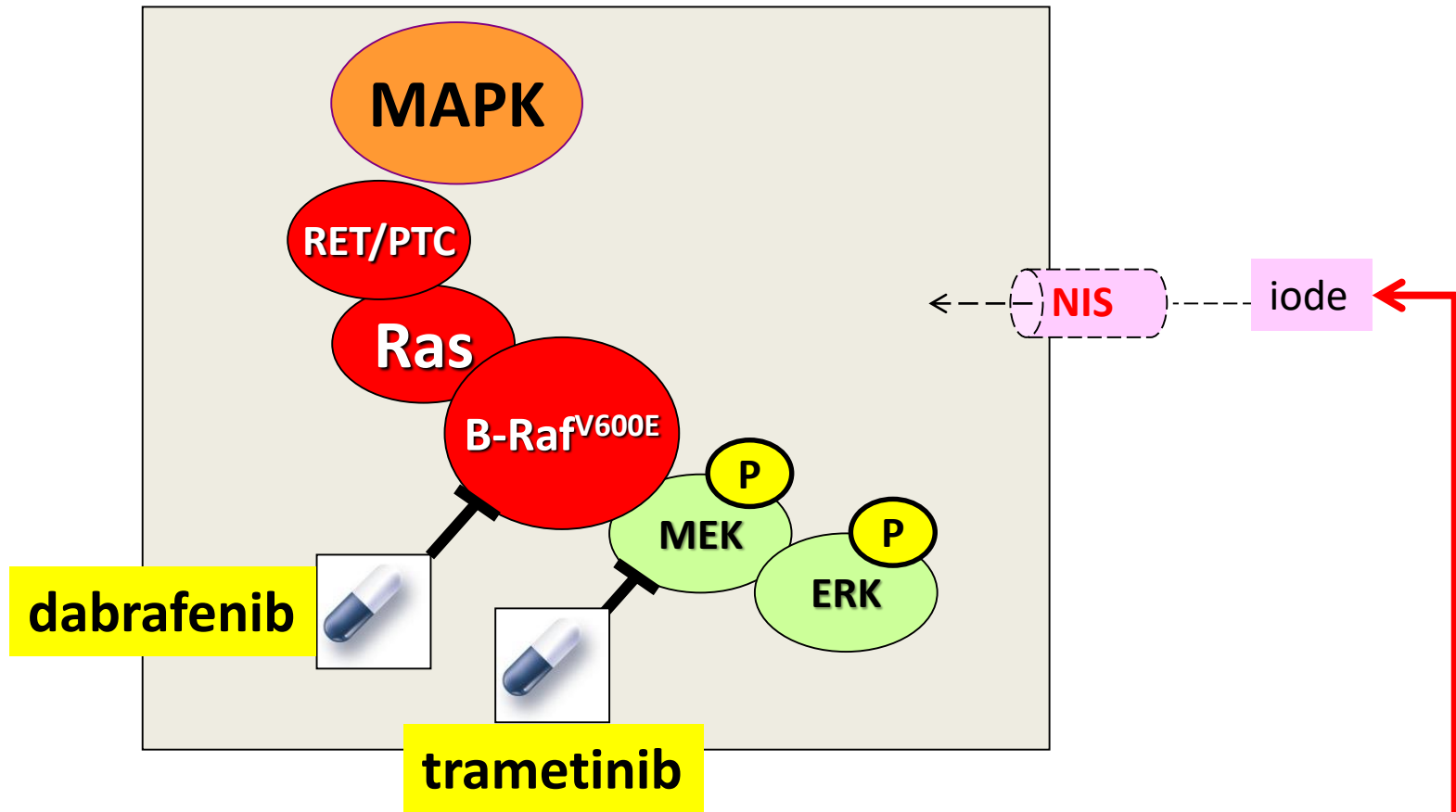
Autres cancers de la thyroïde ?



Cibles thyroïdiennes ?



Protocole Meraiode



Cancer RAS muté

→ trametinib

Cancer BRAF V600E

→ trametinib + dabrafenib

Merci