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Differentiated thyroid cancer: comparison of therapeutic iodine 131 biological elimination after discontinuation of levothyroxine versus administration of recombinant human thyrotropin

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The biological elimination of therapeutic ¹³¹I in patients with differentiated thyroid cancer (DTC), post total or near-total thyroidectomy, was compared after withholding levothyroxine suppression against administration of recombinant human thyrotropin without stopping levothyroxine. In 163 patients (group G₁) levothyroxine was withheld before ¹³¹I therapy: in 138 patients the tumor was limited to the thyroid bed (group G_{1.1}) and in 25 patients metastases were present (group G_{1.2}). A second group of patients (G₂; n = 28) received ¹³¹I therapy after administration of recombinant human thyrotropin without stopping levothyroxine. Mean retained ¹³¹I activity (as a percentage of the administered dose) was 5%–29% (group G_{1.1}), 20%–43% (group G_{1.2}) and 1%–17% (group G₂). The effective half-life of ¹³¹I was 0.59–0.69 days (group G_{1.1}), 0.87–1.22 days (group G_{1.2}) and 0.38–0.44 days (group G₂). In conclusion, the use of recombinant human thyrotropin to prepare patients with thyroid cancer for therapy with ¹³¹I shortens its effective half-life and reduces its retained activity compared to preparation with discontinuation of levothyroxine suppression.

Key words: ¹³¹I, thyroid cancer, retained activity, effective half-life