An audit of 09-10 cohort showed improvements in the management and survival of differentiated thyroid cancer (DTC) since audit of the 98-99 cohort of patients in the Northern and Yorkshire region.

**Background**

Treatment of DTC usually involves thyroidectomy followed by radio-iodine.

An audit was done 10 years ago looking at the management and survival for thyroid cancer patients treated in the region during 1998-1999. This showed sub-optimal practise.

**Standard**

The British Thyroid Association guidelines in 02 recommended

- MDT discussion for all patients and site specialisation of involved clinicians.
- Appropriate treatment and investigations

**Methods**

Data was taken from PRAXIS database for the region during 09-10, to look at incidence, pathology, surgery, first treatment modality, survival rates and surgical workload. Comparison was made to data collected in 04 for the 98-99 period.

**Results of 1st Audit Round**

- <50% of patients had pre-op Fine Needle Aspiration (FNAC)
- <30% had Post Radioiodine Ablation scan (PAS)
- Few Thyroglobulin(TG) tests
- Poor surgical specialisation (33% patients operated by surgeons performing <5 cases/year)
- Minority of patients were discussed in MDT or had staging
- Poor thyroid cancer survival rates

**1st Action Plan**

Changes were implemented and a re-audit was done for 09-10

**Results of 2nd Round**

- In 09-10, all patients diagnosed with DTC in the region were discussed in MDT.
- All patients had pre-op FNAC and PAS. 97% of patients had a stimulated TG to assess disease.
- Survival for patients with DTC has improved significantly in the last 10 years (Figure 1).
- Surgeon specialisation has improved. (Figure 2) 10% of patients were operated on by surgeons who perform <5 cases/year

**1st Action Plan**

Changes were implemented and a re-audit was done for 09-10

**2nd Action Plan**

There has been significant improvement in the management of DTC in the region since 98/99. This has translated into better survival. Further studies with longer follow up are needed.