

NCCN Clinical Practice Guidelines in Oncology
(NCCN Guidelines®)

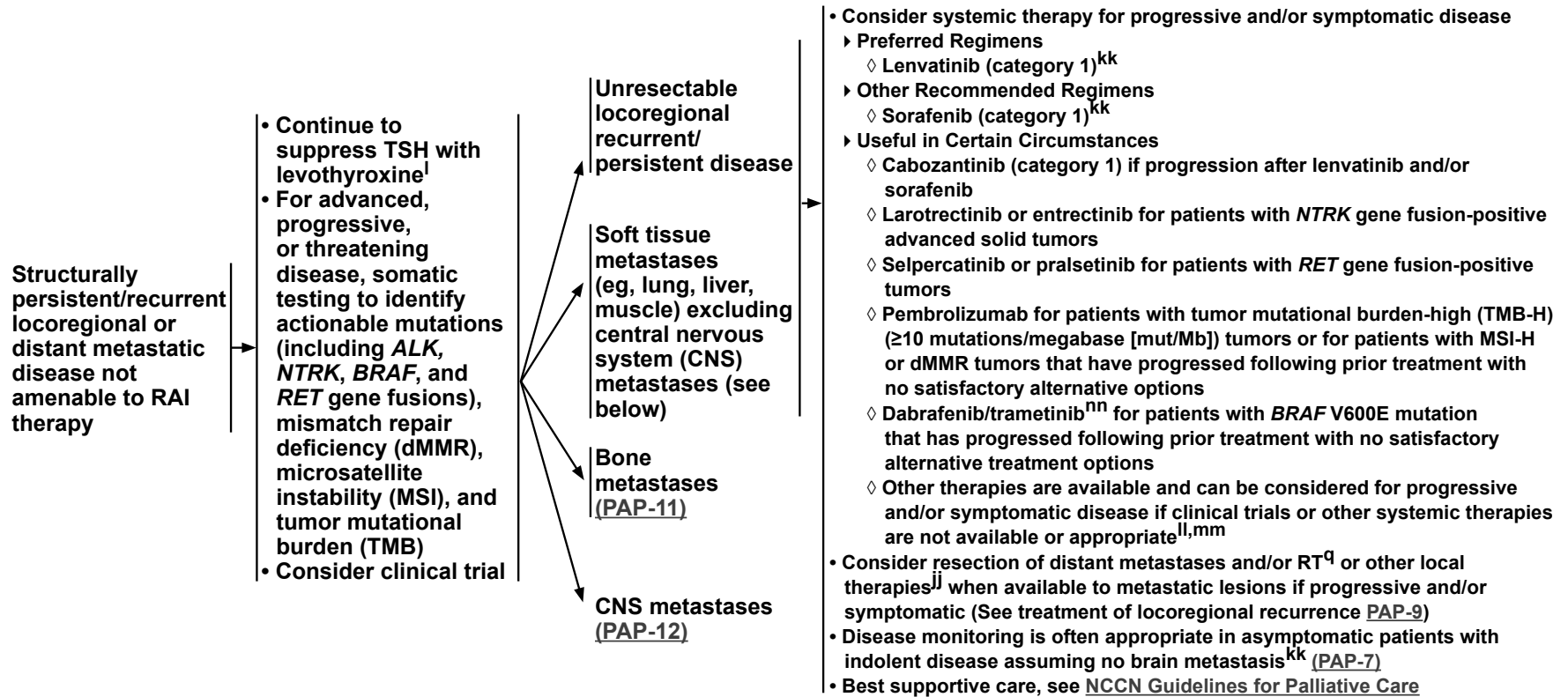
Thyroid Carcinoma

Overall management of Thyroid Carcinoma is described in the full NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma. Visit [NCCN.org](https://www.nccn.org) to view the complete library of NCCN Guidelines®.

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TREATMENT OF LOCALLY RECURRENT, ADVANCED, AND/OR METASTATIC DISEASE NOT AMENABLE TO RAI THERAPY



^l Principles of TSH Suppression (THYR-A).

^q Principles of Radiation and RAI Therapy (THYR-C).

^{jj} Ethanol ablation, cryoablation, RFA, etc.

^{kk} Kinase inhibitor therapy may not be appropriate for patients with stable or slowly progressive indolent disease. See [Principles of Kinase Inhibitor Therapy \(THYR-B\)](#).

^{ll} Commercially available small-molecule kinase inhibitors (such as axitinib, everolimus, pazopanib, sunitinib, vandetanib, vemurafenib [BRAF positive, category 2B], or dabrafenib [BRAF positive, category 2B]) can be considered if clinical trials are not available or appropriate.

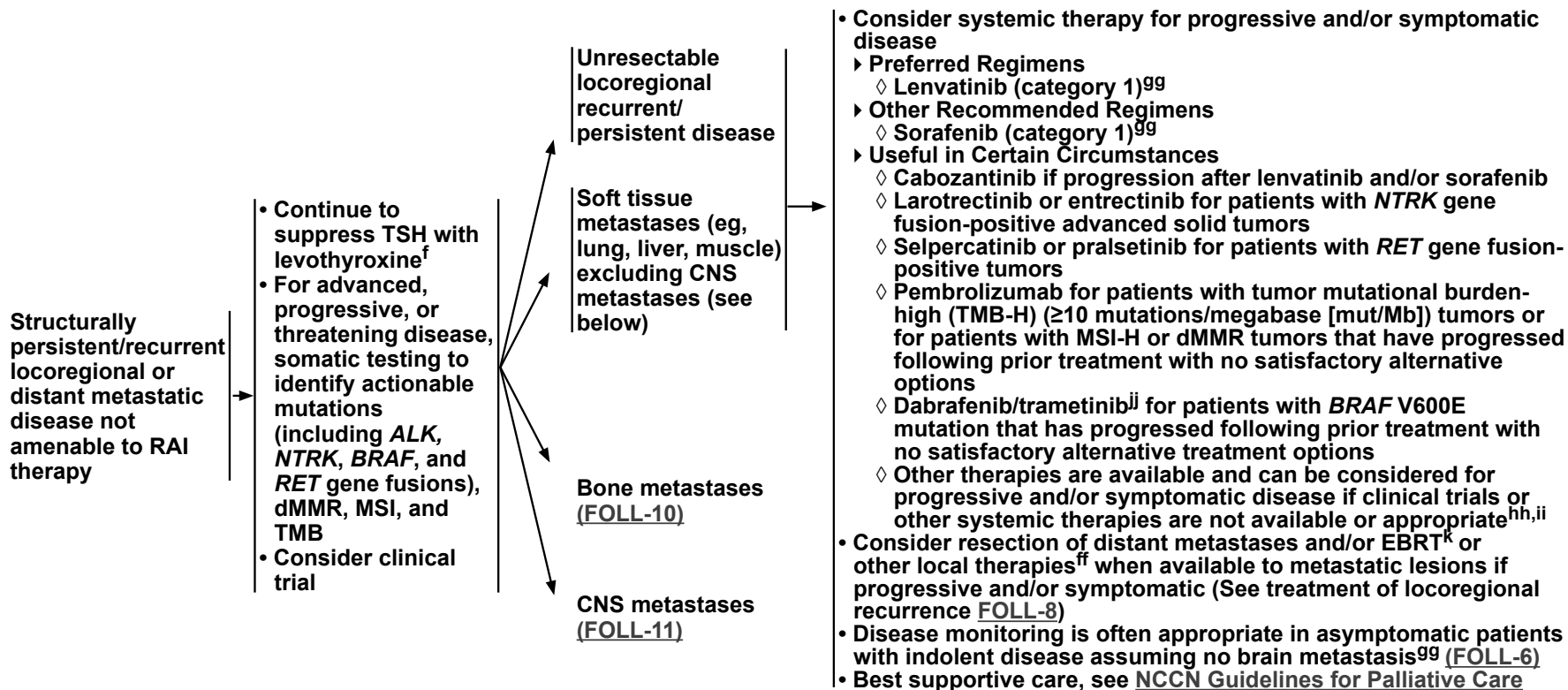
^{mm} Cytotoxic chemotherapy has been shown to have minimal efficacy, although most studies were small and underpowered.

ⁿⁿ Dabrafenib/trametinib could also be appropriate as a first-line therapy for patients with high-risk disease who are not appropriate for VEGF inhibitors.

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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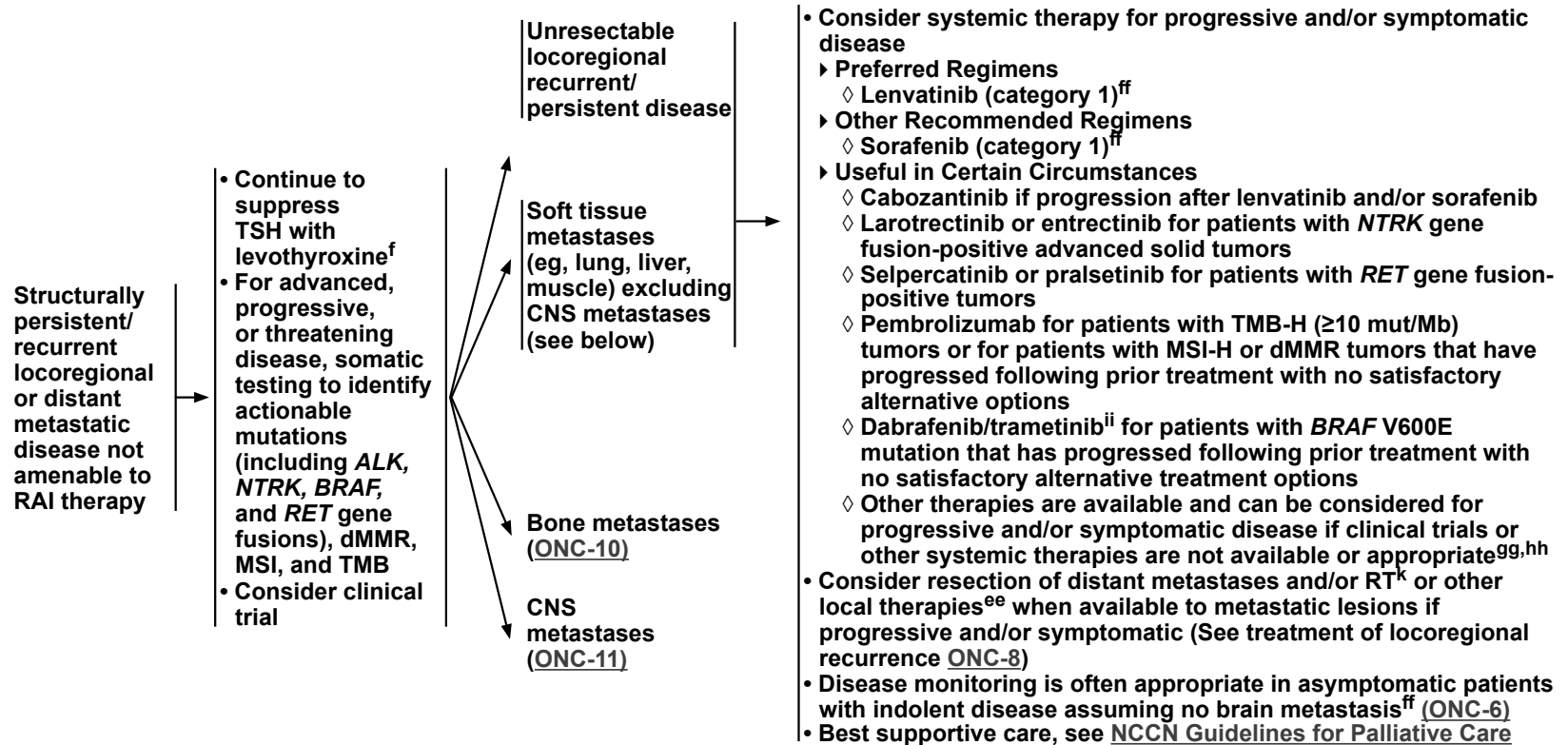
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