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**Risk factors for postoperative long-term survival in subtotal resection of differentiated thyroid cancer-A retrospective study****Ganchao Zhao***Fengjie County People's Hospital, China*

**Background and purpose:** Differentiated thyroid cancer (DTC) is an indolent tumor with high incidence. Most cases have a good prognosis, but 5% - 10% still develop advanced disease. And the survival studies of DTC may be biased because they were conducted in heterogeneous populations. The purpose of this study is to investigate the long-term postoperative risk factors of DTC patients from the same center, and provide a theoretical basis for clinical practice.

**Methods:** 310 DTC patients who underwent total thyroidectomy in XXX hospital from January 2010 to June 2019 were included in this study. The basic clinical information, surgical information and pathological information of the patients were collected, and the patients were followed up. Univariate Cox regression analysis and stepwise multivariate Cox regression analysis were used to analyze the prognostic factors of survival after DTC surgery. Independent prognostic factors were used to establish a prognostic nomogram. The efficacy of nomogram was judged by c-index.

**Results:** Among the DTC patients, 230 (74.2%) were female, with an average age of  $42.1 \pm 12.0$  years and 80 (25.8%) were male, with an average age of  $47.5 \pm 16.2$  years. The pathological types of DTC were papillary thyroid carcinoma (n = 273, 88.1%) and follicular thyroid carcinoma (n = 37, 11.9%). During the follow-up period of 4.5-14 years, 263 cases (84.8%) survived, 62 cases (20.0%) recurred, and 47 cases (15.2%) died. In univariate analysis and multivariate analysis, the factors influencing the poor prognosis were the patient's age (>55 years old, HR = 1.807, 95%CI = 1.121-2.835, P = 0.010), gender (male, HR = 1.216, 95% CI = 1.012-1.416, P = 0.032), T stage (T4, HR = 2.320, 95%CI = 1.360-3.959, P = 0.002) and M stage (M1: HR = 4.217, 95%CI = 3.514-5.021, P < 0.001). Based on the above multivariate Cox regression analysis results, we constructed a prognostic nomogram for overall survival after surgery, with a c-index of 0.833 (95%CI = 0.819-0.847).

**Conclusion:** The risk factors of long-term survival after subtotal resection of differentiated thyroid cancer include >55 years old, male, T4 stage, M1 stage. The prognostic nomogram established in this study can preliminarily determine the prognosis of differentiated thyroid cancer after subtotal resection.

**Biography**

Ganchao Zhao is an esteemed oncologist at the People's Hospital of Fengjie in Chongqing, specializing in thyroid cancer research. With a focus on advancing diagnostic techniques and treatment protocols, Dr. Zhao's work has significantly contributed to the understanding and management of thyroid malignancies in clinical oncology.