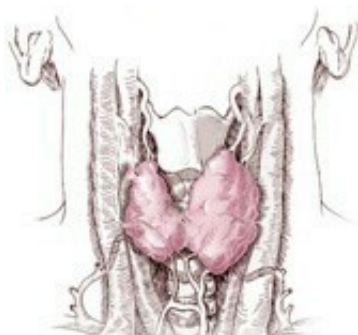


# In thyroid CA radioiodine ablation, rhTSH better for HRQoL

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was 47 percent in France. Per-patient costs were reduced by €955 with use of 1.1 GBq of <sup>131</sup>I instead of 3.7 GBq, with slightly decreased efficacy (?0.007 QALY/patient).

"rhTSH avoids the transient THW-induced deterioration of HRQoL but is unlikely to be cost-effective at its current price," the authors write.

Several authors disclosed financial ties to the pharmaceutical and biotechnology industries.

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients with thyroid cancer, recombinant human thyroid-stimulating hormone (rhTSH) prevents the transient deterioration of health-related quality-of-life (HRQoL) seen with use of thyroid hormone withdrawal (THW) at <sup>131</sup>I administration, according to a study published online Aug. 3 in the *Journal of Clinical Oncology*.

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Isabelle Borget, Pharm.D., Ph.D., from Gustave Roussy in Villejuif, France, and colleagues assessed HRQoL and utility for 752 patients with [thyroid cancer](#), from random assignment in the ESTIMABL phase III trial to follow-up at eight months using the Short Form-36 and the EuroQol-5D questionnaire, respectively. The authors performed a cost-effectiveness analysis from the societal perspective in the French context and examined resource use.

The researchers found that THW correlated with a clinically significant [deterioration](#) of HRQoL, while rhTSH did not affect HRQoL at <sup>131</sup>I administration. The deterioration was transient, with no difference at three months. In terms of quality-adjusted life-years (QALY; +0.013 QALY/patient), rhTSH was more effective than THW, but more expensive (+€474/patient). At a threshold of €50,000/QALY, the probability that rhTSH would be cost-effective

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