(1%). Patient’s average age was 59 years old (29-75), sex ratio (M/F) was 0.14. Bone metastasis was recorded as the revealing sign of the disease in 34% of cases. All patients underwent a total thyroidectomy, it was completed by cervical lymph node dissection in 12% of cases. Half of cases had a follicular carcinoma. Mean primary tumour size was 4cm [1 - 11cm]. Patients were staged pT3 and pT4 respectively in 48% and 10% of cases. Lymph node extension was noted in 9% of cases and lung metastasis in 34% of cases. Bone metastases were often multiple and located at the axial skeleton. All tumours showed radiiodine avidity. Repeated radiiodine therapy was completed by external beam therapy in 28% of cases and metastases surgery in 31% of cases. Median follow-up period was 6 years. It showed a complete remission in 15% of cases, persistent disease in 55% of cases and a progressive disease in 9% of cases with a local recurrence. To date, the survival rate is 84%. Bone metastases are synonym of pejorative prognosis in DTC. However, a multidisciplinary care adapted to each case remains the best way to insure an optimal treatment and hence, a better outcome.

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Role of EDTMP-Samarium in the management of Bone metastasis:
S. E. Bouyoucef, B. Abdii, R. Drahemoune, A. Talbi, S. Rahabi, M. Habbeche; Department of Nuclear Medicine CHU Bab El Oued, Algiers, ALGERIA.

Introduction: Radionuclide therapy is an important tool in the management of painful bone metastasis. The strategy of its use depends on certain parameters including local medical protocols of chemotherapy. Objective: To determine the best response to radionuclide therapy according the stage and the extension to the bone of cancer disease Patients and Methods: 70 patients with prostate and breast cancer and bone metastases have been referred to the department of nuclear medicine for radionuclide therapy of painful bone metastasis from 2009 to 2012. All patients have had multiple lesions on bone scan and normal blood and kidney tests. Incontinent patients, patients with medullar compression and fractures have been excluded from the study. Average activity of 153Sm-EDTMP used was 37MBq/kg for all patients and injection was done slowly during 3 minutes with glucose line. Assessment of response was done each 6 weeks according clinical symptoms, dose of morphine and Evac Karnofsky score. Results: Clinical improvement was observed in 85% of patients including decrease of the dose of morphine or drugs. The drugs and morphine were totally stopped in 13% after 3months of radionuclide therapy. The response to treatment was much better when the number of lesions is limited and widespread. The rate of response was little bit higher in patients with prostate cancer. Only one case had had bone marrow suppression after 6 months. 15% of patients relapsed and needed a second or a third cycle of radionuclide therapy. Most patients (89%) survived at 3 months and 13% at 2 years. Conclusion: Radionuclide therapy of painful bone metastasis of Prostate and Breast is efficient in most cases. However, selection of patients is absolutely required to avoid bone marrow complications and better efficiency of treatment. Despite the new Alpha therapeutic agent (Radium 223), 153Sm-EDTMP will remain an excellent alternative for controlling pain in metastatic cancer patients.