

Without Warning

Thyroid cancer can be tough to detect and diagnose—scans give doctors a close look.

THYROID CANCER

doesn't typically announce itself with significant warning signs. And when patients do have symptoms, such as trouble swallowing or changes to their voices, the issues can mimic—and are sometimes attributed to—allergies or acid reflux.

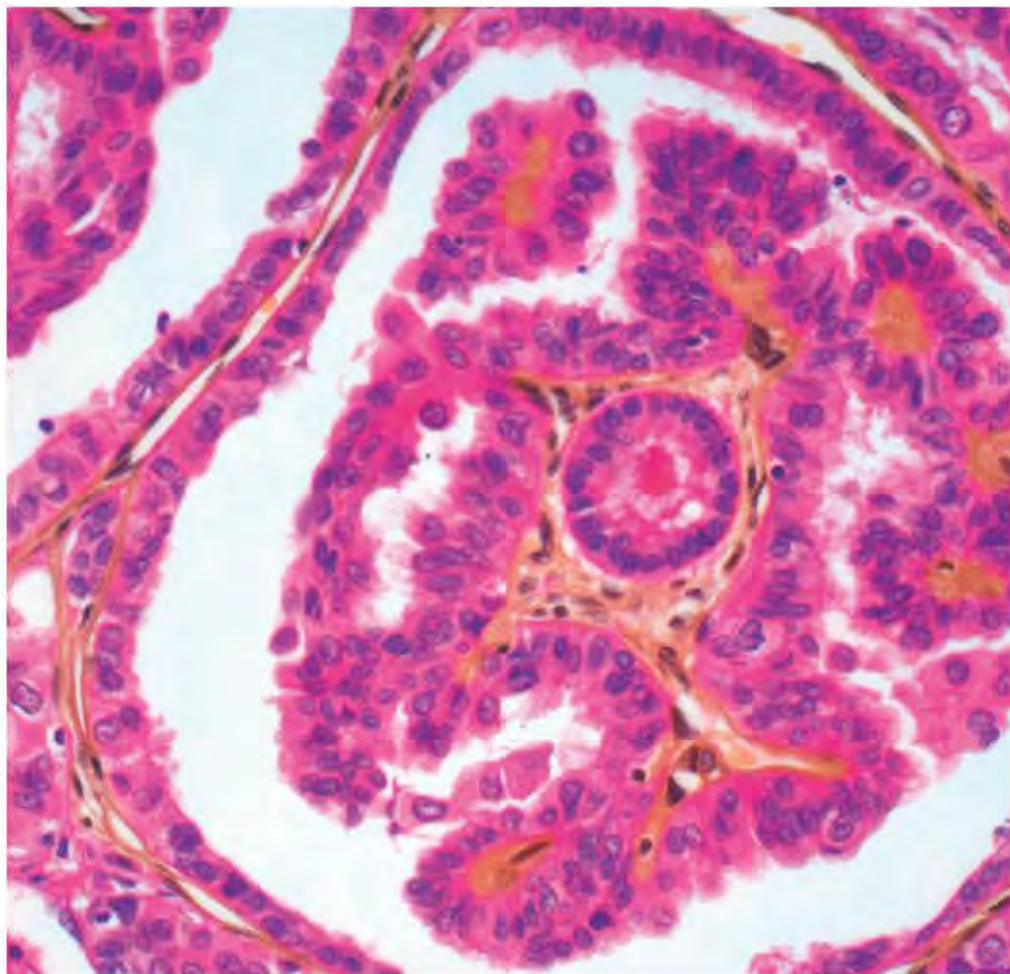
"Very few patients have a neck mass or thyroid growth they can see and feel," says Dr. Brad Mons, DO, MBA, a head and neck surgeon with Cancer Treatment Centers of America® (CTCA) in Tulsa, Oklahoma.

Instead, thyroid cancer is often found incidentally—during a CT scan taken because a patient is having headaches or is in an accident, says Dr. Cynthia Holmes, a Medical Director for Pathology and Laboratory at CTCA® in Tulsa, Oklahoma.

"If a lump is found in the thyroid, that would lead to a clinician obtaining more history, performing a more extensive physical exam, checking a thyroid stimulating hormone (TSH) level and doing additional imaging," she says.

CELL SIGNALS

Typically, to determine if a mass is cancerous, a biopsy can be performed. This may be a fine needle aspiration where the liquid sample is smeared on a glass slide or placed in fixative, processed and stained so it can be viewed under a microscope. Sometimes additional molecular testing is performed on the fluid. A tissue core biopsy or resection of the

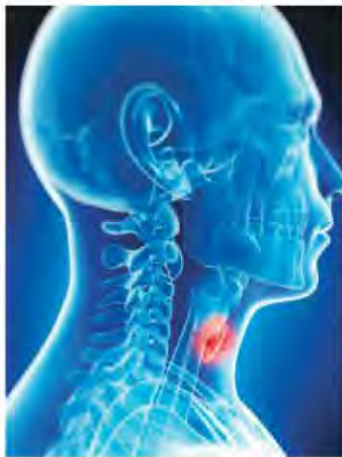
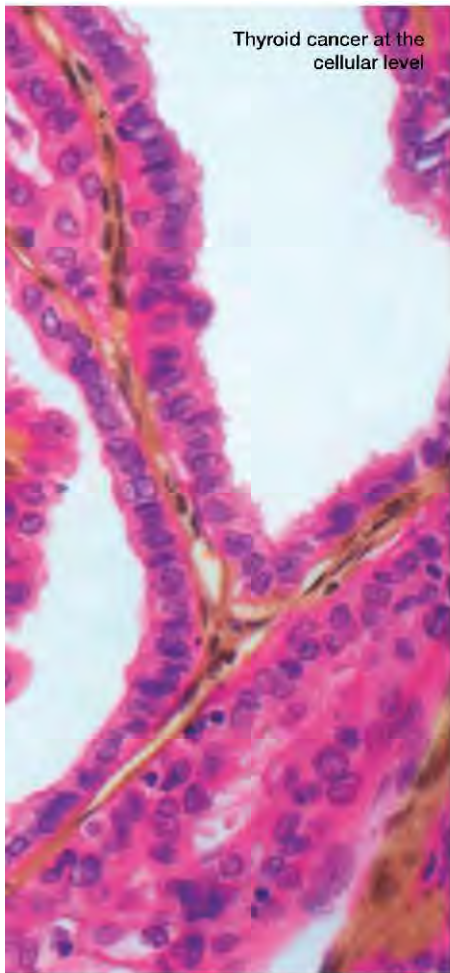


nodule may be done if clinical suspicion warrants.

A pathologist examines the sample for signs that cancer is present. Seeing cells growing into blood vessels in a surgical sample, for example, can indicate the presence of follicular thyroid carcinoma, one of the most common types of thyroid cancer.

Another common type, papillary thyroid cancer, pictured here, shows distinctive nuclear features like grooves and areas that appear to be "punched out," sometimes with the papillary architecture that gives it its name. Papillary carcinoma comprises roughly 80 percent of all cancerous thyroid

Thyroid cancer at the cellular level



Want to learn more about head and neck cancers? Read our Q&A here: cfthrive.com/ask-an-expert

Surgery involves some risks. Because the voice box is located next to the thyroid gland, treatment can result in vocal changes, which Mons says roughly 1 in 100 patients experiences.

Whether a patient has papillary cancer, which tends to be slow-growing but often spreads to the lymph nodes, or follicular cancer, which frequently spares the lymph nodes but can be found in other areas, the odds for survival remain high.

THERE'S NO 'GOOD' CANCER

"It's pretty rare if a patient passes away from thyroid cancer," Mons says. Thyroid cancer's overwhelmingly low fatality rates are one reason doctors sometimes refer to it as a "good cancer."

The term, however, can have a less-than-positive effect on patients, according to Mons. "Sometimes we call it good as a way of trying to comfort patients," Mons says. "Unfortunately, a lot of patients feel like we're talking down to them if we say, 'It's cancer, but not really cancer' or feel like we're trying to dismiss their diagnosis."

In truth, the recovery process—while often ultimately successful—isn't necessarily an easy experience.

Treatment is typically the same for papillary and follicular thyroid cancers: part or all of the thyroid gland is removed. In some cases, patients will then undergo radiation, typically administered via a radioactive iodine pill.

STAYING STABLE

Patients, who will be on thyroid medication for the rest of their lives, may also struggle at some point with fatigue, weight gain or loss and other side effects.

Frequent testing is also required. After starting to take supplements, patients' TSH levels will need to be checked once a month, and then, after the levels have stabilized, once a year. TSH is an indicator of how much thyroid hormone or supplement the body requires.

Another blood test needed is thyroglobulin level. This should be monitored every six to 12 months. If patients' levels are increasing, they'll also need thyroid uptake scans—medical images taken after they swallow a small amount of radioactive material. These images reveal where thyroid tissue is growing.

The significant treatment involved in driving thyroid cancer into remission is one reason Mons decided to reconsider how he described the disease.

As Mons says, it's true: There are no good cancers. However, with thorough treatment, monitoring and maintenance, most thyroid cancer patients will go on to lead healthy lives. ●

cases in the U.S., according to the American Cancer Society.

If cancer is identified in the sample, a physician will then check, possibly with CT scans, to ensure it hasn't spread—looking, as Holmes says, for "lumps or bumps somewhere they don't belong."