## American Thyroid Association.....www.thyroid.org/

# Thyroid Cancer FAC



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#### WHAT IS THE THYROID GLAND?

The thyroid gland located in the neck produces thyroid hormones which help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working normally.

## **7** SYMPTOMS

#### What are the symptoms of thyroid cancer?

Thyroid cancer may be detected as a lump (nodule) in your neck. Often times thyroid cancers are found accidentally, during imaging tests checked for other reasons. Rarely, thyroid cancer may cause pain, difficulty swallowing, or hoarseness.

## **2** CAUSES

#### What causes thyroid cancer?

In most patients, we do not know why thyroid cancer forms. It is more common in people who have a history of radiation exposure to the thyroid gland during childhood or a family history of thyroid cancer, but this is not the case for most people diagnosed with thyroid cancer. Thyroid cancer is more common as we get older.

## **3** DIAGNOSIS

#### How is thyroid cancer diagnosed?

A diagnosis of thyroid cancer is suspected from a biopsy of a thyroid nodule or is made after the nodule is removed during surgery. Although thyroid nodules are very common, less than 1 in 10 contain a thyroid cancer. There are no blood tests to diagnose thyroid cancer.

### **TREATMENT**

#### What are the types of thyroid cancer?

Papillary thyroid cancer is the most common type of thyroid cancer (70% to 80% of thyroid cancers). Follicular thyroid cancer (10% to 15% of thyroid cancers) tends to occur in somewhat older patients than does papillary cancer. Medullary thyroid cancer (5% to 10% of thyroid cancers) is more likely to run in families and may be diagnosed by genetic testing. Anaplastic thyroid cancer (less than 2% of thyroid cancers) is the least common, but most aggressive, type of thyroid cancer.

#### How is thyroid cancer treated?

The initial therapy for thyroid cancer is surgery (see *Thyroid Surgery brochure*). Thyroid hormone therapy is needed after surgery if the entire gland is removed. When cancer appears more aggressive, radioactive iodine (see Radioactive Iodine brochure) may be used following surgery. The process of receiving radioactive iodine

typically involves raising your thyroid stimulating hormone (TSH) level, eating a low iodine diet (see Low lodine Diet brochure), and sometimes getting other blood tests or imaging prior to treatment. Radioactive iodine is usually well-tolerated, with few side effects.

#### What is the follow-up of thyroid cancer patients?

Periodic follow-up examinations are essential for all thyroid cancer patients and include seeing your treating doctor and getting blood tests such as TSH and thyroglobulin. The TSH level is typically kept low in the early management of thyroid cancer. The thyroglobulin level is a blood test that serves as a marker of thyroid cancer. Periodic neck ultrasounds are also done to look for possible recurrence of cancer. If there are any signs of the cancer, such as an elevated thyroglobulin level or an abnormal nodule on ultrasound, you will need to perform additional testing.

#### What is the prognosis of thyroid cancer?

Overall, the prognosis of thyroid cancer is very good, especially for patients younger than 55 years of age and for those with small cancers. Even patients who are unable to be cured of their thyroid cancer are able to live many years and feel well despite their cancer.

#### **FURTHER READING**

Further details on this and other thyroid-related topics are available in the patient information section on the American Thyroid Association® website at www.thyroid.org.



