

Treating Thyroid Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating thyroid cancer' from CancerHelp UK. You will find more detailed information on the website.

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nodes with cancer cells in them (N), and whether the cancer has spread to a different part of the body (M).

T stages – there are 4 main T stages for thyroid cancers (except anaplastic thyroid cancer). T1 is the smallest size and T4 is the largest

N stages – there are 2 main N groups. Either the cancer has not spread to the lymph nodes (N0) or it has spread into the nodes (N1)

M stages – there are 2 possible M stages. Either the cancer has not spread to other body parts (M0) or it has spread (M1)

The stages of thyroid cancer

The stage of a cancer tells the doctor how big the cancer is and whether it has spread. It is important because treatment is often decided according to the stage of a cancer. There are different ways of staging cancers. In thyroid cancer, doctors use the TNM system and the number system.

TNM stages of thyroid cancer

TNM stands for tumour, node, metastasis. This system describes the size of a primary tumour (T), whether there are lymph

The number stages of thyroid cancer

The TNM information can be grouped into stages. For papillary, follicular and medullary cancers they are numbered from 1 to 4. For papillary and follicular cancer the stages take into account the patient's age. Stage 1 is the earliest stage and stage 4 is the most advanced. All anaplastic thyroid cancers are considered stage 4 at diagnosis.



Thyroid cancer statistics and outlook

Outlook means your chances of getting better. Your doctor may call this your prognosis. With thyroid cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed.

On CancerHelp UK, there is quite detailed information about the likely outcome for different types of thyroid cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for thyroid cancer

The main treatments for thyroid cancer are surgery and radiotherapy. You will usually also need to take thyroid hormones. Some people have radiotherapy and chemotherapy. Your doctors will plan your treatment taking into account the type of thyroid cancer you have, how far the cancer has grown or spread (the stage), and your age, general health and level of fitness.

Surgery to treat thyroid cancer

You may have surgery to remove the whole thyroid gland or part of the thyroid. During the operation, your surgeon may also remove any lymph nodes in the neck

that are enlarged or contain cancer cells. Even if your cancer cannot be totally removed, surgery will help to control your symptoms and can control the cancer when combined with radiotherapy treatment.

Radiotherapy and chemotherapy

You may have radiotherapy to treat thyroid cancer. A type of targeted radiotherapy that uses a radioactive form of iodine called Iodine 131 (I-131) may be used for papillary or follicular thyroid cancer. External beam radiotherapy may be used for medullary or anaplastic thyroid cancers. Chemotherapy is sometimes used to treat advanced thyroid cancers or cancer that has come back after it was first treated.

Types of surgery for thyroid cancer

Surgery is the treatment most often used for thyroid cancer. You may have part of your thyroid removed (called a lobectomy or partial thyroidectomy). Or you may have an operation to remove all of your thyroid gland (a total thyroidectomy). These are both major operations, carried out under general anaesthetic.

If you carry an abnormal gene for medullary thyroid cancer, your specialist will offer you a total thyroidectomy to prevent a cancer from developing. The whole gland needs to be removed because cancer could develop in any thyroid tissue left behind.

Removing lymph nodes

During your operation, your surgeon may remove some lymph nodes. If you have anaplastic thyroid cancer, your surgeon will remove most of the lymph nodes around your thyroid. This is because they may contain cancer cells.



Having your operation for thyroid cancer

When you go in to hospital for your operation, your surgeon, anaesthetist, nurse and physiotherapist will all come and talk to you. The surgeon will explain the operation. Ask as many questions as you need to. It may help to make a list beforehand. Before surgery, you will need to have some tests such as an ECG.

When you wake up, you are likely to have several tubes in place to give you fluids and drain the wound. You will probably have some pain and stiffness in your neck. But this is usually manageable. Tell your doctor or nurse who will work to find the right painkiller for you.

Over the next few days, your nurses will help you to get up and about. Most people go home about 1 to 2 days after this surgery. It will probably be uncomfortable to swallow for a few days after your operation, so it may help to have a soft diet for a while. Talk to a dietician about this, or ask for a diet sheet to take home.

If you have had your whole thyroid removed, you will have to take tablets to replace the thyroid hormones that would normally be made by the thyroid gland.

What to ask your doctor about surgery for thyroid cancer

- Why do I need an operation?
- Which type of operation should I have and why?
- Will the operation cure my cancer?
- What are the risks and benefits of having this operation?
- What are the long-term effects of this operation?

- Will I have pain after this operation?
- How long will I have a drip after surgery?
- When will I be able to start eating again?
- Will I be able to eat and drink normally after this operation?
- Will I get help with my diet after the operation?
- What are the possible complications of this type of operation?
- Will I need any other treatment as well as surgery?
- Is there any treatment I can have instead of surgery?
- What will happen if I don't have the operation?
- How long will it take me to get better?
- How can I help myself get over the operation?
- Will the operation affect my voice?

Radiotherapy

Radioactive iodine treatment for thyroid cancer

Radioactive iodine treatment is a type of internal radiotherapy for thyroid cancer. It uses a radioactive form of iodine called iodine 131 or I-131. The radioactive iodine circulates throughout your body in your bloodstream. Thyroid cancer cells pick up the iodine wherever they are in your body. The radiation in the iodine then kills the cancer cells.

Radioactive iodine is a targeted treatment. It will not affect other body cells because only thyroid cells pick up iodine. The treatment is only suitable for follicular thyroid cancer and papillary thyroid cancer. Even if you have one of these types of thyroid cancer, this treatment may not be necessary or suitable for you. Your doctor may carry out



a test to see if your cancer cells pick up iodine or not.

Having the treatment

To have the treatment, you go into hospital for a few days. You usually have the iodine as a drink or capsule. You won't be able to eat or drink for a couple of hours so that your body can absorb the iodine. After that, you can eat normally. The treatment will make you slightly radioactive and you will stay in a single room for a few days. Then you will have a scan to see if the radiation has dropped to a safer level. Once the radiation level is low enough, you will be able to go home.

External radiotherapy for thyroid cancer

Radiotherapy uses high energy X-rays to attack cancer. You may have external radiotherapy

- As a first treatment for anaplastic thyroid cancer that cannot be removed with surgery
- To shrink thyroid cancer that has come back after it was first treated
- As well as iodine-131 for papillary or follicular thyroid cancer that cannot be completely removed with surgery
- To treat thyroid cancer that has spread to another part of the body (secondary thyroid cancer)

Radiotherapy is not used routinely to treat medullary thyroid cancer. But it may be used for some people to control symptoms if the cancer cannot be completely removed, or has spread.

You have external radiotherapy treatment in the hospital radiotherapy department, once a day, from Monday to Friday, with a

break at the weekends. The length of your course of treatment depends on the type and size of your cancer.

There is more information about radiotherapy and the possible side effects in the radiotherapy section of CancerHelp UK.

What to ask your doctor about radiotherapy for thyroid cancer

- Why are you recommending radiotherapy for me?
- Are there any other types of treatment I could have?
- How will the treatment help me?
- What are the likely side effects?
- How long will they last?
- Is there anything I can do to help with side effects?
- Are there any long term or permanent effects?
- Are there any special instructions after my treatment?
- Is it safe to be around my family after treatment?
- How often will I have to come to the hospital for treatment?
- Can I get help with fares to and from the hospital?
- Is there any transport available?
- Will I have to stay in hospital and if so, for how long?
- Is there a number I can ring if I am worried about anything when at home?

Chemotherapy for thyroid cancer

Chemotherapy uses anticancer (cytotoxic) drugs to destroy cancer cells. They work by disrupting the growth of cancer cells. The drugs travel around the body in the bloodstream.



Chemotherapy is not used as a first treatment for thyroid cancer. This is because surgery and radiotherapy tend to work better for thyroid cancer. It is sometimes used to treat thyroid cancer that is advanced or has come back after treatment and is causing symptoms.

The chemotherapy drugs most often used to treat thyroid cancer are doxorubicin and cisplatin. You have these drugs through a drip into your arm, every 3 or 4 weeks. You usually have a course of about 6 treatments.

Chemotherapy drugs all have different side effects. Both doxorubicin and cisplatin can cause sickness and an increased risk of infection. Doxorubicin can also cause hair loss and mouth ulcers. Cisplatin can cause kidney problems and difficulty in hearing high pitched sounds.

There is more detailed information in the chemotherapy section of CancerHelp UK.

What to ask your doctor about chemotherapy for thyroid cancer

- Why do I need chemotherapy?
- How will I feel during chemotherapy?
- Is there another treatment I can have instead?
- What do you hope the chemotherapy will do for me?
- Are there any long term side effects?
- Do I have any choice of treatment?
- Is there a treatment that won't make my hair fall out?
- Is there a treatment that won't make me infertile?
- Which drugs will I have?
- What effect will the drugs have on the cancer?

- How will chemotherapy affect my immune system?
- Can I take anything to help boost my immune system?
- How long will my course of treatment be?
- What side effects can I expect?
- How can I reduce the side effects?
- What can I do to help myself feel well during chemotherapy?
- What other support is available?
- How will I know if I get an infection?
- Who should I call if I get an infection while I am having chemotherapy?

Follow up for thyroid cancer

After your treatment has finished you will have regular check ups. During check ups, your doctor will examine you. They will ask how you are feeling and whether you have had any symptoms or concerns. At some visits, you may have blood tests, X-rays and scans. You will not have all these tests at every visit to your specialist.

Scans are only usually done if you or your doctor have any concerns. But if you have had radioactive iodine treatment you may have an iodine-131 scan about 4 to 6 months after your treatment. This is to make sure that the treatment killed all the thyroid cancer cells. Some hospitals use a particular thyroid hormone (recombinant human TSH – Thyrogen) and an ultrasound of the neck instead of an iodine-131 scan. If you have the Thyrogen it is given as an injection 2 days in a row and you have a blood test 3 days later. If the scans find any abnormal areas that could be thyroid cancer or if your thyroglobulin level is raised you may have more tests. You may also need more treatment.



At first, your check ups will be every 4 to 6 months. If all is well, they will gradually become less frequent until they are once a year. You will have check ups for at least 10 years, and often for life. If you have anaplastic thyroid cancer, you will probably have appointments more often. If you are worried or notice any new symptoms between appointments, let your doctor or nurse know as soon as possible. You don't have to wait until your next appointment.

Many people find their check ups quite worrying. You may find it helpful to tell someone close to you how you are feeling. It is quite common nowadays to have counselling after cancer treatment.

Thyroid cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into genetics and gene therapy, chemotherapy and other new drugs, radiotherapy, biological therapies that block blood supply to the cancer, and blocking the blood supply to cancer cells that have spread to the liver.

What to ask your doctor about treatment for thyroid cancer

- What stage is my thyroid cancer?
- What treatment do you recommend for me?
- Do I have any choice of treatments?
- What do you expect the treatment to achieve?
- What is the chance of the cancer coming back after I have been treated?
- Can I have a second opinion?
- Is there any experimental treatment I could try?
- Is there a clinical trial that is suitable for me?
- Will I need to take thyroid tablets after my treatment?
- Will I always have to take these?
- What follow up will I receive after my treatment?
- What should I do if I am worried between appointments?



Notes

More information

For more information about thyroid cancer, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2012. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).