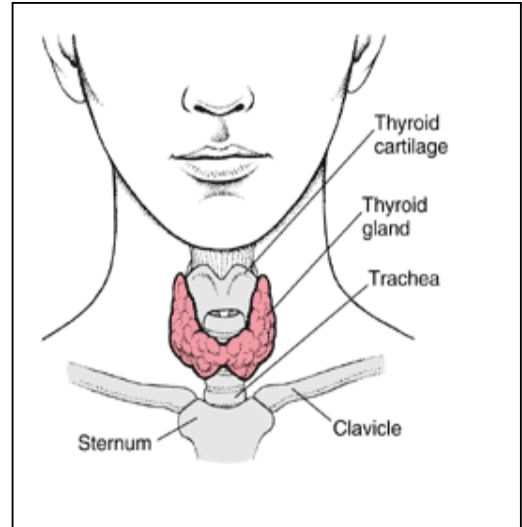


Patient information leaflet on Thyroid cancer

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The thyroid gland

The thyroid is a small butterfly or shield shaped gland in the front of the neck just below the adam's apple. It is known as the 'activity' gland because it produces the two main hormones, thyroxine (T4) and triiodothyronine (T3), which are needed to keep the body functioning at its normal rate.

What Is Cancer?

Cancer is a disease of the smallest units in the body the cells. There are many different types of cells in the body, and so many different types of cancer can arise from the different types of cells. However, unlike normal cells, the cancer cells are abnormal and multiply 'out of control'.

Cancer of the thyroid Gland

Cancer of the thyroid is rare, may grow very slowly and it may be some years before it starts to cause any problems. Today the outlook for people with cancer of the thyroid is very good and many people are completely cured of the disease, even if it has spread beyond the thyroid. There are four main types of cancer of the thyroid. By examining cells from the cancer, your doctor will be able to tell which type you have and, therefore, decide the best type of treatment.

Papillary - This is the commonest type of thyroid cancer and it is more common in younger people, particularly women.

Follicular - This is a less common type of cancer and is usually found in older people.

Medullary - This is a rare type of thyroid cancer that is known to run in families. For this reason, members of your family may be checked at regular intervals to ensure they are not showing any signs of the cancer.

Anaplastic - This type of cancer is usually found in older people and again is more common in women. It tends to grow more quickly than the other thyroid cancers.

What causes cancer of the thyroid?

The cause of thyroid cancer is unknown; however, a recognised risk factor is radiation exposure, and it has been found in people who have had external radiotherapy to the neck 10 or 20 years previously, as well as in 'Chernobyl children'. Research into the causes of thyroid cancer is ongoing. Very occasionally papillary cancer is hereditary, and medullary cancer is quite often hereditary.

What are the symptoms?

In most cases cancer of the thyroid grows very slowly. The first sign is usually a painless lump in the neck which gradually gets bigger. Occasionally, a thyroid tumour may press on the oesophagus (gullet) or trachea (windpipe) and cause difficulty in swallowing or breathing. It can also cause a Hoarseness of the voice.

Often there are no symptoms and it is found 'by chance'.

Very rarely, the first symptoms may be caused by secondary tumours in the bones or lungs after the cancer has spread beyond the thyroid.

It is unusual for cancer of the thyroid to affect the production of the thyroid hormones so symptoms of hyperthyroidism or hypothyroidism are rare.

If you notice a lump in your neck, or any of the above symptoms, you should see your doctor as soon as possible. However, there are a number of benign conditions (such as a goitre) which produce a swelling in the neck and are far more common than cancer.

How is it diagnosed?

Usually you begin by seeing your family doctor (general practitioner) who will examine you and arrange any tests which may be necessary. These may include blood tests to see if your thyroid gland is working as it should. Your GP will then refer you to hospital for specialist advice, tests and treatment. Important tests include Blood tests, Ultrasound thyroid scan, Thyroid radioisotope scan, Fine needle aspiration cytology

What are the types of treatment available?

Surgery, radioactive iodine and radiotherapy are given alone or in combination to treat cancer of the thyroid. Thyroid cancer can usually be treated very successfully and many patients are cured.

The treatment chosen will depend on a number of factors, including your age, general health, the type and size of the tumour, and whether it has spread beyond the thyroid.

Because many types of cancers grow slowly and sometimes come back 10 or more years after treatment, your doctors will want to watch you for a long time. Physical exams, blood tests and imaging studies such as CT scans, MRI, and x-rays may be done to watch for signs that the cancer has come back or spread.