Thyroid Cancer

What is thyroid cancer?

The thyroid gland is located in the lower neck below the voice box. The thyroid secretes hormones that control the rate of metabolism in the body.

If you have any questions, please ask your nurse or physician.

Many types of cancer can arise from the thyroid gland. The most common of these are called differentiated thyroid cancers, which are of 3 types:

- Papillary cancer, which is the most common type
- Follicular cancer
- Hurthle cell cancer

Most differentiated cancers have good outcomes with the proper treatment.

Other types of cancer that arise from the thyroid gland include:

- Anaplastic cancer
- Medullary cancer
- Lymphoma
What causes thyroid cancer?
Thyroid cancers are more common in women. Common risk factors for thyroid cancer include:
- Radiation exposure
- Low-iodine diet
- Certain hereditary conditions

Sometimes genetic mutations (abnormal genes) may be found in thyroid cancer. The pattern of mutations vary in different types of thyroid cancer.

What are the symptoms?
Most patients with thyroid cancer may notice a lump or swelling in the neck. A nodule in the thyroid gland may be seen or felt, or may be found during an imaging study such as ultrasound, CT scan or MRI.

Some other signs and symptoms of thyroid cancer include:
- Voice changes
- Trouble breathing or swallowing
- Coughing that does not go away

Some patients may have enlarged lymph nodes in the neck due to spread of cancer.

How is thyroid cancer diagnosed?
Once a lump or nodule is found on the thyroid, further testing is needed to check if it is cancer and if it has spread in the body.

A biopsy is a procedure in which a small piece of tissue is removed from the nodule in the thyroid to check for cancer. The most common method of biopsy is called fine needle aspiration (FNA) in which tissue is removed through a thin needle. The tissue is then examined under the microscope. An ultrasound is often used to direct the needle precisely into the nodule. Sometimes more testing may be needed to further examine the tissue if a result was read as “susicious” or “of undetermined significance.”

If a biopsy fails to provide enough information about the nodule, part of the thyroid gland may need to be removed by surgery. If cancer is confirmed, a “completion thyroidectomy” (removal of the remaining thyroid gland) may be needed.

After the thyroid cancer is removed, many patients will require treatment with radioactive iodine. A whole body scan is done after this treatment to look for spread of cancer outside of the neck.

A CT scan or an MRI scan may be ordered if it appears that the cancer may be pressing on the airway (voice box and wind pipe).

A PET scan is sometimes needed if the thyroid cancer is the type that does not take up iodine.
Resources:
www.cancer.org/cancer/thyroidcancer/
www.cancer.gov/cancertopics/pdq/treatment/thyroid/Patient/page1

For more information, please contact:
   Head and Neck Multidisciplinary Clinic at Northwestern Memorial Hospital
   Galter Pavilion, 675 North Saint Clair Street
   Suite 15-200
   Chicago, Illinois 60611
   Phone: 312.695.8182
   Fax: 312.695.6298

Northwestern Medicine – Health Information Resources
For more information, contact Northwestern Memorial Hospital’s Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.org.