

The Medical Minute: Thyroid cancer on the rise

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Leah Cream, a Penn State Hershey oncologist, talks about how she got the upper hand on thyroid cancer.

September is Thyroid Cancer Awareness Month. With cases on the rise locally, nationally and globally, Dr. David Goldenberg, director of Head and Neck Surgery at Penn State Hershey Medical Center, hopes people will become more mindful of the disease.

"In 1980 it was the 20th most common cancer in the United States. Now it's the eighth," Goldenberg said. "It is the fastest growing new cancer amongst women. What we don't know and don't understand is why."

The [thyroid](#) is a butterfly shaped gland located on the front of the neck that produces hormones that help the body control metabolism. The prognosis overall for thyroid cancer is very good: Most patients go on and lead a full, healthy life with thyroid replacement therapy,

Goldenberg said. While anaplastic and equally rare medullary thyroid cancers both carry a [poor prognosis](#), follicular and papillary thyroid cancers are much more easily treated. [Papillary thyroid cancer](#) is the most common type, encompassing 80 to 85 percent of all thyroid cancer.

According to Goldenberg, there are no signs or symptoms until "very, very late in the game." The vast majority of thyroid cancers are found when a physician is doing a physical exam on a patient or when a patient is undergoing testing for a completely different reason. Nodules (growths or [lumps](#)) are found on the thyroid, and that prompts further testing.

"[Benign thyroid nodules](#) are extremely common, and only one out of 20 of these nodules will actually be a cancerous nodule," he said.

While there are no recommendations for routine screenings of the general population, Goldenberg said people exposed to radiation at a very early age or with a [strong family](#) history of thyroid cancer are more at risk.

"Those patients certainly should have at the very least a [physical exam](#) and perhaps an ultrasound as well," he said. "And they probably should have a more thorough investigation."

Treatment for thyroid cancer is typically surgical in the form of a thyroidectomy, or removal of the thyroid. In addition, patients are given radioactive iodine in the form of a liquid or a pill to complete treatment.

It is not uncommon for thyroid cancer survivors to have a recurrence. Up to 25 percent of patients may have a recurrence of papillary thyroid cancer after initial treatment.

"The recurrence typically happens in the neck and fortunately does not

negatively impact the patient's prognosis. In short, even if the patient has a recurrence of papillary thyroid cancer, chances are they'll do just fine," Goldenberg said.

Papillary thyroid cancer sometimes spreads to the lymph nodes in the neck. Those patients undergo a neck dissection, which is the removal of a chain of lymph nodes along the jugular vein in the neck.

To pinpoint what's caused the increase in thyroid cancer cases, researchers are now looking at risk factors including radon, obesity and diabetes as part of their ongoing studies. Looking at the effects of certain types of chemotherapy to treat and possibly cure anaplastic thyroid cancer, for which there currently are no effective treatments, is also part of their investigation.

Even with the majority of positive outcomes, Goldenberg urges his peers in the oncology community as well as government agencies that allot funding to research to recognize thyroid cancer and its increasing number of cases.

"[Thyroid cancer](#) is on the rise," he said. "The rates are soaring, and the reasons are not really very clear to us. So there needs to be more of an interest and more funding because we'll only be hearing more about this type of cancer as time goes on."

Provided by Pennsylvania State University

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