

The content provided in this leaflet meets the requirements of the external cancer quality standards which details the need for personal/named contact information.

Information for this leaflet was taken from the Oxford Centre for Head and Neck Oncology Booklet “The Thyroid Gland and Thyroid Cancer”

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming in to and after leaving the ward or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

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The Thyroid Gland and Thyroid Cancer

Patient Information Leaflet

If you require a translation or an alternative format for this leaflet please ask for assistance.

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Safe & compassionate care,

every time

Macmillan Cancer Support – information in your language

Macmillan Cancer Support is the UK's largest cancer information charity, providing information, support and practical advice on all cancers, treatments and supportive issues:

www.macmillan.org.uk

Some of Macmillan's most commonly requested cancer information is available in different languages – see their website.

They can also provide interpreters in many languages.
Call the main freephone number: 0808 808 0000

Free Prescriptions

All cancer patients undergoing treatment for cancer, the effects of cancer or the effects of cancer treatment can apply for an exemption certificate for a free prescription from their GP.

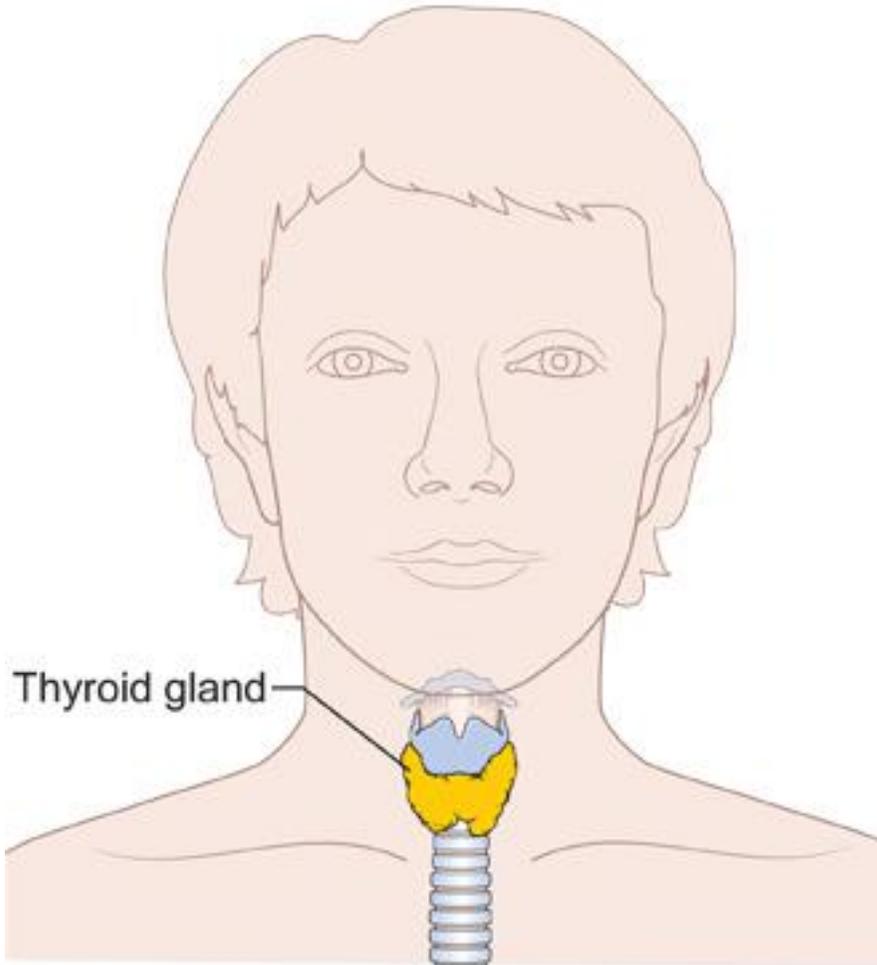


Diagram showing the position of the
thyroid gland

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Other useful contacts

The British Thyroid Foundation

Tel: 01423 810093

www.btf-thyroid.org

Email: info@bft-thyroid.org

Association for Multiple Endocrine Neoplasia Disorders AMEND

www.amend.org.uk

Email: jo.grey@amend.org.uk

Cancer Education, Information and Support Service

Cancer Care and Haematology Unit, Stoke Mandeville Hospital

Tel :01296 316954 or 01296 316537

Cancer Research UK

Tel: 08085 004040

www.cancerresearch.uk.org

Butterfly Thyroid Cancer Trust

Tel: 01207 545469

www.butterfly.org.uk

Macmillan Cancer Support

Freephone 0808 808 0000

www.macmillan.org.uk

What is the thyroid gland?

The thyroid gland is an endocrine gland. It makes hormones which are released into the bloodstream. These hormones affect cells and tissues in other parts of the body and help them to function normally.

The thyroid gland is at the base of the throat. It is made up of two lobes (each about half the size of a plum). The two lobes lie on either side of your windpipe, with the gland as a whole lying just below your Adam's apple.

The thyroid gland produces three hormones that are released into the bloodstream:

- Thyroxine, often called Levothyroxine T4.
- Liothyronine, often called T3. In the body, T4 is converted into T3 and this is what influences the way cells and tissues work.
- Calcitonin. This is involved in controlling calcium levels in the blood. With medullary thyroid cancer (MTC), too much calcitonin is produced. However, this does not lead to any significant change in calcium levels.

Thyroxine and T3 can both be replaced by medication and the body can function perfectly well with little or no calcitonin.

Thyroid hormones (T3 and T4) help to control the speed of the body processes – your metabolic rate. If too much of the thyroid hormones is released, your body works faster than normal and you have “hyperthyroidism”. This would make you feel overactive and anxious, hungrier than usual, and you would lose weight. However, if too little of the thyroid hormones is produced, your body works slower than normal and you have “hypothyroidism”. In that case, you would feel tired and sluggish.

Thyroid cancer

Most cancers of the thyroid gland are very slow growing and it may be many years before the symptoms become obvious.

There are different types of thyroid cancer:

- Papillary carcinoma – this is the most common thyroid cancer. It is more common in younger people, particularly women.
- Follicular carcinoma – this is less common and tends to occur in slightly older people than those with papillary cancer.
- Medullary carcinoma – this is a rare cancer which is sometimes hereditary (ie it is passed down through a family from one generation to the next).
- Anaplastic thyroid cancer – this is a very rare form of a very aggressive cancer usually occurring in older patients.

Most thyroid cancers are very treatable and curable, but it is possible that they will recur, especially in the very young and very old. This can occur at any stage, but recurrences can be treated successfully, so follow up is very important.

What is the cause of thyroid cancer

The cause of thyroid cancer is unknown, but exposure to radiation is known to increase the risk of getting thyroid cancer. For example, after the Chernobyl accident, many more children in the area developed thyroid cancer. Similarly, it has been found in people who had external radiotherapy to the neck 10 or 20 years earlier. Research into the causes of thyroid cancer is ongoing.

Very occasionally papillary cancer is hereditary, and medullary cancer is quite often hereditary.

Please remember that this is a low dose of radiation and all these procedures are to protect you and others in case they should need to have radiation treatment in the future. The aim is to keep everybody's radiation exposure to a minimum. (Both you and those around you).

How to contact the Buckinghamshire Thyroid Cancer MDT

Please contact your specialist treatment centre staff if you have any questions or concerns after reading this information.

Together we can help you through your investigations, treatment and recovery.

Mr Andrew McLaren
Consultant Surgeon
Tel: 01296 315072

Dr Andrew Weaver
Oxford Consultant Oncologist
01865 235209

Dr Andrew Eichholz
Oxford Consultant Oncologist
01865 235197

Nicky Williams and Sarah Denton
Clinical Nurse Specialists
Tel: 01296 316097
Buc-tr.lungandrarcns@nhs.net

Katie Slade
Oxford Superintendent Radiographer (Radioactive Iodine Treatment)
Tel 01865 235804

Your specialist consultant will tell you if you need this treatment. You will also be given an information booklet like this one before you start the treatment.

If you are taking T3 (liothyronine) tablets, these should be stopped for 10 days before your radioactive iodine treatment.

If you are on thyroxine tablets, you should stop taking them for four to six weeks before the radioactive iodine treatment. During this time your specialist may change you to T3 tablets, and then stop your tablets altogether for the last 10 days before your treatment.

You may feel tired when you are not taking your tablets. This is normal and will get better once you start taking them again, which is usually a few days after you have had the radioactive iodine.

It is important that you follow the instructions given to you by your doctors about stopping your thyroid medication. If you are unsure about your medication, please contact your specialist centre six weeks before your planned date for radioactive iodine treatment.

Do I have to come into hospital for radioactive iodine treatment?

Yes, you will probably need to stay in hospital for 3–6 days. How soon you go home depends on how quickly the radioactivity leaves your body.

Will I need radioactive iodine treatment again?

The treatment may need to be repeated until all of your remaining thyroid tissue has been destroyed. Most people require one dose and some people require more than one treatment.

What are the symptoms of thyroid gland cancer?

A painless lump in the neck is the most common presentation. Some patients might experience:

- Difficulty in swallowing (dysphagia) – because of pressure of the enlarged thyroid gland on the oesophagus (gullet).
- Difficulty in breathing (dyspnoea) – because of pressure of the enlarged thyroid gland on the trachea (windpipe).
- Hoarseness of the voice.
- Symptoms of hyperthyroidism (overactive thyroid) and hypothyroidism (underactive thyroid) are rare, as cancer cells do not generally affect hormone production from the thyroid.

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

What tests will I need?

Fine needle aspiration: This is done in an outpatient hospital clinic. A very small needle is inserted into any swelling you may have in your neck and a sample of cells is taken out. These cells are then analyzed under a microscope. This is one of the main tests that will help clarify your diagnosis.

Blood tests: Some additional blood tests may be done to re-check the function of your thyroid and your levels of thyroid antibodies.

Ultrasound scan: In this test we use a hand held device over your skin to create a picture of the thyroid gland on a screen. This is done using sound waves and it will show up any lumps or cysts. This on its own cannot diagnose cancer but it can demonstrate any enlarged lymph nodes that could be involved by the local spread of the cancer.

What happens after my diagnosis?

When a diagnosis of thyroid cancer is made, each individual case is discussed at a multi-disciplinary team (MDT) meeting to consider which treatment(s) may be the best option. The members of the team consist of:

- Endocrine Consultant surgeons
- Consultant oncologists (cancer specialists)
- Consultant pathologists (doctors who examine tissues under a microscope to assist diagnosis)
- Nurses involved in your future care
- Radiographers (Specialists in scans and X-Rays)

Following the MDT meeting your consultant surgeon and other members of your care team will meet with you. They will discuss the results of your investigations and the treatment options that they recommend. Your surgeon will also answer any questions you have on the benefits and risks of these treatments.

What treatment will I be offered?

Surgery (thyroidectomy) is usually the first line of treatment for thyroid cancer. Usually the whole thyroid gland (total thyroidectomy) will need to be removed, though sometimes only one lobe has to be removed; it depends on various factors such as your age, the size of the lump and results of the tests mentioned previously.

After a thyroidectomy, you will need to take thyroxine tablets as prescribed for the rest of your life. Regular blood tests will be needed to check that your thyroid hormone levels are within normal limits, and that the TSH (thyroid stimulating hormone) level is suppressed. Eventually you should only need a blood test once or twice a year.

Some patients with thyroid cancer will also need to have some of the lymph glands in the neck removed. This may be performed at your initial operation along with a thyroidectomy, or it may be at a subsequent operation some time later.

The lymph nodes can usually be removed via the same incision as your thyroid operation but it will require a slightly longer incision. Usually following the removal of neck nodes a drain will be required and this will usually stay in place for 48 hours or so. This will obviously lengthen your stay in hospital by a day or so.

Radioactive iodine treatment You are likely to need to have **radioactive iodine** treatment after surgery. This treatment is used to destroy any thyroid cells that may have “escaped” surgical removal. Your doctor will tell you if you need this treatment.

Radioactive iodine treatment is painless and comes as a capsule-type tablet, in a single dose. The capsule contains a fixed dose of radioactive iodine.

The radioactive iodine is taken up by any thyroid cells left after the surgery. It can not be taken up into any other type of cells, so this provides a ‘magic bullet’ for any persistent thyroid cancer cells. The cells will be destroyed by the radioactivity during the following weeks after taking the capsule.

You will not lose any hair after taking the radioactive iodine, but may experience side effects of nausea, headache and swelling at the site of your surgery.

It is a low dose of radiation but, for the safety of others, for the first 3 days after taking the radioactive iodine you will need to stay in hospital. You will also not be able to have close contact with children or pregnant women for two weeks after the treatment. This is because the radiation can affect young children and unborn babies.