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Thyroid Cancer

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Thyroid cancer is a cancerous growth of the thyroid gland.

Recent findings and perspectives on medical research.



REPORTER'S FILE

The Rising Incidence of Thyroid Cancer

By CAROLYN SAYRE
 It's easy to crunch the numbers on thyroid cancer and assume it is a disease fast on the rise. Incidence has more than doubled since the early 1970s.

QUESTIONS FOR YOUR DOCTOR

What to Ask About Thyroid Cancer

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The Many Faces of Thyroid Cancer

Multimedia



Video

A Patient, a Pioneer



Video

Thyroid Cancer in New York

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Alternative Names

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Tumor - thyroid; Cancer - thyroid

Causes

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Thyroid cancer can occur in all age groups.

People who have had radiation therapy to the neck are at higher risk. Radiation therapy was commonly used in the 1950s to treat enlarged thymus glands, adenoids and tonsils, and skin disorders. People who received radiation therapy as children are at increased risk for getting thyroid cancer.

Other risk factors are a family history of thyroid cancer and chronic goiter.

There are several types of thyroid cancer:

Anaplastic carcinoma (also called giant and spindle cell cancer) is the most dangerous form of thyroid cancer. It is rare, and does not respond to radioiodine therapy. Anaplastic carcinoma spreads quickly and invades nearby structures such as the windpipe (trachea), causing breathing difficulties.

Follicular carcinoma accounts for about 30% of all cases and is more likely to come back and spread.

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Medullary carcinoma is a cancer of nonthyroid cells that are normally present in the thyroid gland. This form of the thyroid cancer tends to occur in families. It requires different treatment than other types of thyroid cancer.

Papillary carcinoma is the most common type, and usually affects women of childbearing age. It spreads slowly and is the least dangerous type of thyroid cancer.

Symptoms

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- Cough
- Difficulty swallowing
- Enlargement of the thyroid gland
- Hoarseness or changing voice
- Neck swelling
- Thyroid lump (nodule)

Note: Symptoms may vary depending on the type of thyroid cancer

Exams and Tests

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A physical examination can reveal a thyroid mass or nodule (usually in the lower part of the front of the neck), or enlarged lymph nodes in the neck.

Tests for thyroid cancer:

Elevated **serum calcitonin** (for medullary cancer) or serum thyroglobulin (for papillary or follicular cancer)

Laryngoscopy showing paralyzed vocal cords

Thyroid biopsy showing anaplastic, follicular, medullary, or papillary cancer cells

Thyroid scan showing a nodule that does not light up on the scan (cold nodule)

Ultrasound of the thyroid showing a nodule

This disease may also affect the results of the following tests:

T3

T4

TSH

Treatment

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Treatment varies depending on the type of tumor.

Surgery is usually the treatment of choice, and the entire thyroid gland is usually removed. If the physician suspects that the cancer has spread to lymph nodes in the neck, these will also be removed during surgery.

Radiation therapy delivered by taking radioactive iodine is often used, with or without surgery. Radiation therapy with an external beam of radiation can also be used.

After treatment, you need to take thyroid hormone to replace what your glands used to make. The dose is usually a little higher than what your body needs, which helps keep the cancer from coming back.

If the cancer does not respond to surgery or radiation and has spread to other parts of the body, chemotherapy may be used, but this is only effective for a third of patients.

Support Groups

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You can ease the stress of illness by joining a support group made up of people who share common experiences and problems. See cancer - support group.

Outlook (Prognosis)

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Anaplastic carcinoma has the worst outcome of all the types of thyroid cancer. It is usually fatal despite treatment.

Follicular carcinomas are often fast growing and may invade other tissues, but the outlook is still good -- most patients are cured.

The outcome with medullary carcinoma varies. Women under age 40 have a better chance of a good outcome.

Papillary carcinomas are usually slower growing. Most people are cured and have a normal life expectancy.

Many patients who have surgery or radiation for thyroid cancer must take thyroid hormone pills for the rest of their lives.

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by ER Stories, MD In case you have not heard about it, there is a very gut wrenching court case St Louis Park, MN.

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April 2, 2011 6:57am

A low dose of insulin has been found to suppress the expression in the blood of four precursor proteins involved in the pathogenesis of Alzheimer's disease.

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Possible Complications

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- Injury to the voice box or nerve, and hoarseness after surgery
- Low calcium levels from accidental removal of the parathyroid glands during surgery
- Spread of the cancer to the lungs, bones, or other parts of the body

When to Contact a Medical Professional

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Call your health care provider if you notice a lump in your neck.
Also call if your symptoms get worse during treatment.

Prevention

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There is no known prevention. Awareness of risk (such as previous radiation therapy to the neck) can allow earlier diagnosis and treatment.

References

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National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology 2008: [Thyroid Carcinoma](#). Version 1.2008.

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Reviewed By: David C. Dugdale, III, MD, Professor of Medicine, Division of General Medicine, Department of Medicine, University of Washington School of Medicine; Yi-Bin Chen, MD, Leukemia/Bone Marrow Transplant Program, Massachusetts General Hospital. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.

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