
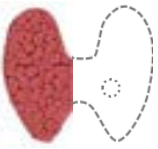




Treatment Options for Localized Thyroid Cancer

A cancer diagnosis can be scary. Fortunately, most thyroid cancer is very treatable and tends to grow very slowly. This chart explains several treatment options. Talking with your doctor will help you choose which treatment is best for you. Depending on your situation, you may have more than one option. Take your time deciding. There is no rush.

 Active Surveillance	 Thyroid Lobectomy	 Total Thyroidectomy
WHAT IS THIS TREATMENT?		
There is no surgery at this time. Your doctor closely monitors the cancer.	Surgery to remove half of your thyroid	Surgery to remove your entire thyroid
WHAT DO THE GUIDELINES SAY ABOUT THIS TREATMENT?		
Appropriate for <u>select</u> patients with small cancers	Appropriate for <u>many</u> patients	Appropriate for <u>many</u> patients; best for those with high-risk features
WHAT IS THE 10-YEAR SURVIVAL RATE?		
Survival for tumors confined to the thyroid is the same for all options (Over 99% of people are alive after 10 years)		
WILL I NEED TO TAKE LIFELONG THYROID HORMONE REPLACEMENT PILLS?		
No	Possibly	Yes
WHAT ARE THE POTENTIAL PROBLEMS AND EFFECTS ON QUALITY OF LIFE?		
<ul style="list-style-type: none"> ◇ No negative physical effects ◇ Some patients may have anxiety knowing the cancer is present ◇ It is possible for the cancer to grow slowly ◇ You can choose to have surgery at any time ◇ Patients who have surgery later live as long as patients who have surgery right away 	<p>Patients may experience temporary or permanent:</p> <ul style="list-style-type: none"> ◇ Voice problems ◇ Trouble swallowing ◇ Low calcium (known as hypocalcemia) <ul style="list-style-type: none"> ◦ Can be serious and difficult to manage ◦ Symptoms include numbness, tingling, and musclecramps ◇ Trouble regulating thyroid hormone levels ◇ Symptoms such as fatigue, weight gain or loss, decrease in quality of life <p><i>These risks can be higher for people who have a total thyroidectomy. Ask your surgeon about his or her specific complication rates and the size of your scar.</i></p>	
WILL I NEED SURGERY IN THE FUTURE? WILL THE CANCER EVER COME BACK?		
20% of patients need surgery in the next 10 years	<p>Some patients may need a second surgery. It is possible for the cancer to come back, but is still very treatable. <i>This risk may be higher for patients who have a thyroid lobectomy.</i></p>	
WHAT IS THE FOLLOW-UP?		
<p>Follow-up may include ultrasounds and blood tests. Frequency and length of follow-up for all three options is variable and tailored to each patient.</p>		
WILL I NEED RADIOACTIVE IODINE?		
No	Possibly	
	<p>Remember, you may not be a good candidate for all three treatment options. Meet with your doctor to discuss your specific case. Ask which options apply to you. Discuss how the risks and benefits of each option fits with your goals and priorities.</p>	

Helping **YOU**
MAKE a **CHOICE**



Additional Resources

Websites

- ✓ www.thyroid.org/thyroid-cancer
 - ✓ thyca.org
 - ✓ www.cancer.org/cancer/thyroid-cancer.htm
-

Developed By CHOICE Research Team

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This treatment comparison chart was developed in partnership with thyroid cancer survivors, their family members, and doctors who care for patients with thyroid cancer

Development of this resource was funded by the University of Wisconsin Institute for Clinical and Translational Research

Learn more at: www.hipxchange.org/ThyroidCancerTreatmentChoice

A cancer diagnosis can be scary.

Fortunately, most thyroid cancer is very treatable and grows very slowly.

When the cancer is only in the thyroid, survival is almost 100%.

There is time for you to gather information and consider your treatment options.

Don't be shy about asking your doctor questions. Doctors want to hear them.

Asking questions can improve your care and satisfaction with your treatment.

Inside this brochure, you will find questions to ask your doctor suggested by thyroid cancer survivors, their families, and their doctors.

Additional Resources

Websites

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- ✓ thyca.org
- ✓ www.cancer.org/cancer/thyroid-cancer.htm

Helping YOU MAKE a CHOICE



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Questions to Ask Your Doctor



This brochure was developed in partnership with thyroid cancer survivors, their family members, and doctors who care for patients with thyroid cancer.

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Thyroid Cancer Treatment

**Is the cancer only in my thyroid?
What happens if the cancer spreads?**

What treatment options are appropriate for me? What factors might affect my options?

Are there any increased risks of future side effects related to the treatment options?

What kind of care will I need when I am recovering after each treatment option?

If I choose not to have surgery now, how will I be monitored?

CHOICE

TAKE YOUR TIME - THE CHOICE IS YOURS

What does surgery involve?

Could anything happen during surgery that would change the plan?

What effects might I experience after surgery (like voice or calcium changes)? How likely are they?

Will I need to take thyroid hormone replacement pills? What kind of side effects or difficulties might I have?

Can I get a second opinion?

How many of these surgeries have you done? Do you use a nerve monitor during surgery for my vocal cord nerves?

Will treatment affect my other health issues (like diabetes or back pain)?

Can cancer come back after surgery? How likely is it that I will need more surgery?

What costs will be covered by insurance (medication, surgery, future tests)?

Write your own questions here:

Thyroid Cancer Treatment Choice Toolkit



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Use of the Toolkit



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The Thyroid Cancer Treatment Choice Toolkit exists for the benefit of the health care community. These materials are available free of charge and can be used without permission; however, we ask that you register with HIPxChange prior to using the toolkit so that we may provide information on usage to our funders. It is acceptable to link to this Web site without express permission. If you decide to use these materials, we ask that you please credit the University of Wisconsin – Madison School of Medicine and Public Health – Department of Surgery and the UW Health Innovation Program.

Citation: Pitt S, Saucke M. Thyroid Cancer Treatment Choice Toolkit. University of Wisconsin – Madison School of Medicine and Public Health – Department of Surgery. Madison, WI; 2020. Available at <http://www.hipxchange.org/ThyroidCancerTreatmentChoice>.

Background

With the release of the 2015 American Thyroid Association (ATA) Management Guidelines for Adults with Differentiated Thyroid Cancer, treatment decisions for low-risk thyroid cancer became more complicated. Although the guidelines were meant to supplement shared patient-healthcare provider decision-making, the patient-provider deliberation often fails to meet the informational standards for patients and can often exclude available treatments. Low-risk thyroid cancer patients often don't know what questions to ask, while the physicians report not knowing how to obtain patients' preferences and include them into treatment decisions.

The Thyroid Cancer Treatment Choice Toolkit offers materials comparing treatment options for patients with low-risk thyroid cancer and a prompt list to help patients talk to their physicians about their cancer.

Key References

Pitt SC, Saucke MC. [Novel Decision Support Interventions for Low-risk Thyroid Cancer](#). *JAMA Otolaryngol Head Neck Surg*. 2020 Sep 24.

Doubleday AR, Saucke MC, Bates MF, Pitt SC. [Patient-Surgeon Decision-Making about Treatment for Very Low-Risk Thyroid Cancer](#). *Trends in Cancer Research*. 2020.

Jensen CB, Saucke MC, Francis DO, Voils CI, Pitt SC. [From Overdiagnosis to Overtreatment of Low-Risk Thyroid Cancer: A Thematic Analysis of Attitudes and Beliefs of Endocrinologists, Surgeons, and Patients](#). *Thyroid*. 2020 Feb 7.

Who should use this toolkit?

This toolkit is intended for surgeons, endocrinologists, and patients with low-risk thyroid cancer and their families.

What does the toolkit contain?

The toolkit contains a PDF Treatment Comparison Chart describing the three main treatment options for patients with low-risk thyroid cancer. The toolkit also has a PDF Question Prompt List with questions patients should ask or may not know how to ask their physician.

How should these tools be used?

The materials in this toolkit can be used to:

-
- 1) Treatment Comparison Chart: this tool should be used to review different treatment options for patients with localized, low-risk thyroid cancer. Patients and their families can use this tool alone prior to seeing their physician or together with their physician to compare different treatment options. Physicians can introduce this tool to patients before or during their consultation. Note that not all options are appropriate for all patients. To print the PDF, use double-sided printing.
 - 2) Question Prompt List: this tool should be used to help patients and their families think about what questions to ask their physicians about treatment for localized, low-risk thyroid cancer. The tool is intended to be used as a tri-fold brochure. To print the PDF, use double-sided printing and “flip on short edge” settings. Fold the paper in thirds so the picture is on the front flap and the questions are inside. There is room for taking notes during the visit or adding your own questions.

A copy of each instrument is available as a PDF file. The two tools can be used together or separately to support patients, their families, and physicians during the treatment decision-making process. To allow you to incorporate the instruments for your own use, they are provided as separate file in Adobe PDF that you can download on the HIPxChange site.

Development of this toolkit

The Thyroid Cancer Treatment Choice Toolkit was developed by researchers and clinicians (Principal Investigator: Susan Pitt) at the University of Wisconsin – Madison School of Medicine and Public Health – Department of Surgery, with input from a Patient and Family Advisory Board, Clinician Advisory Board, and Community Advisors on Research Design (CARDS)® group from the Wisconsin Network for Research Support.

This project was supported by the University of Wisconsin Institute for Clinical and Translational Research Patient Centered Outcomes Research Award. Additional support was provided by the University of Wisconsin School of Medicine and Public Health’s Health Innovation Program (HIP), the Wisconsin Partnership Program, and the Community-Academic Partnerships core of the University of Wisconsin Institute for Clinical and Translational Research (UW ICTR), grant 9 U54 TR000021 from the National Center for Advancing Translational Sciences (previously grant 1 UL1 RR025011 from the National Center for Research Resources). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or other funders.

Please send questions, comments and suggestions to HIPxChange@hip.wisc.edu.

References

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5. Haugen BR, Alexander EK, Bible KC, Doherty GM, Mandel SJ, Nikiforov YE, Pacini F, Randolph GW, Sawka AM, Schlumberger M, Schuff KG, Sherman SI, Sosa JA, Steward DL, Tuttle RM, Wartofsky L. [2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer](#). *Thyroid*. 2016 Jan;26(1):1-133.