Lourdes Hospital and its Cancer Committee strive to provide an excellent array of cancer services within our community and the surrounding area. Our goal is to provide an excellent patient experience in all aspects of your care.

It is our hope that you will always look to Lourdes as the leader in cancer care in our community.
Thyroid Cancer

Dr. Timothy Howland  
Medical Director Lourdes Endocrinology

The incidence of thyroid cancer is increasing. More than 60,000 new cases were diagnosed in 2013. Nearly three-quarters of new diagnoses were made in women, and more than 60% of people newly diagnosed were under the age of 55. Thyroid cancer is relatively unusual in that it also affects children and adolescents.

The thyroid gland, located in the lower neck, produces thyroid hormone, a “metabolic regulator” hormone. As we age the thyroid tends to develop nodules, which are generally small, asymptomatic and harmless growths. Fifty per cent of adults, if studied with an ultrasound, will be found to have at least one thyroid nodule. Unfortunately, when thyroid cancer develops, it generally appears as a small, asymptomatic nodule and can be difficult to distinguish from harmless thyroid nodules that are not malignant. Since only about 5% of all nodules are malignant, a decision to pursue evaluation will include consideration of factors that increase the risk of malignancy. A family history of thyroid cancer increases the risk that a nodule will be malignant. The prevalence of cancer is higher in adults less than thirty or greater than 60 years of age. Nodules in children are more likely to be malignant. A history of exposure to radiation in childhood increases the risk of malignancy.

Thyroid Cancer at Lourdes

Suspicious nodules should be biopsied. This procedure is accomplished using a small needle monitored under ultrasound guidance, a safe and well tolerated outpatient procedure. Although the results are quite accurate, there is a small chance that the tiny biopsy sample misrepresents the structure of the larger nodule, so ongoing monitoring of seemingly benign nodules is nearly always recommended. Although it is not yet standard practice, thyroid tissue removed at biopsy can be studied for the presence of genetic markers that increase the likelihood an indeterminate nodule is malignant. Since most forms of thyroid cancer grow slowly, long term monitoring of apparently benign nodules is necessary to assure that they are not malignant.

The first step in the management of a malignant nodule is surgical removal. Most small nodules are cured by surgery alone and no further treatment is needed. For higher risk cancers, for example cancers known to be at risk of spread outside of the thyroid gland, surgery is followed by treatment with radioactive iodine. Since thyroid tissue has the unique ability to extract iodine from the bloodstream and concentrate it in individual thyroid cells, radioactive iodine can...
be delivered precisely to targeted thyroid tissue, with minimal unintended radiation exposure to the rest of the body. With the combination of surgery, followed by radioactive iodine treatment, most thyroid cancer is very effectively and safely treated. Nearly 100% of stage 1 and stage 2 differentiated thyroid cancer is eventually cured with appropriate management. Some forms of thyroid cancer, such as medullary and anaplastic cancer, do not concentrate iodine and therefore radioactive iodine treatment is of no value. More extensive surgery in an attempt to remove all tumor is often recommended.

**For those cancers not completely cured, long term control with surgery and radioactive iodine is generally effective.**

Occasionally external beam radiation is used. Since most thyroid cancer is unusually resistant to the effects of nearly all conventional chemotherapies, new chemotherapeutic drugs are being developed and may eventually have a more important role.

Following the initial treatment, three strategies for monitoring the course of thyroid cancer are well established. First, ultrasound of the neck is a sensitive and accurate method for detecting the appearance of new or recurrent thyroid tissue. This entirely safe, well-tolerated and relatively inexpensive procedure has become the cornerstone of thyroid monitoring. Second, thyroglobulin is a protein only made by thyroid tissue and is easily measured in a routine blood test. With elimination of all normal thyroid tissue by the combination of surgery and radioactive iodine, any appearance of thyroglobulin on a routine blood test is indicative of thyroid cancer recurrence, making this a useful tumor marker. Third, thyroid scans using radioactive iodine as a tracer can occasionally demonstrate thyroid cancer that is not detected by either ultrasound or thyroglobulin testing. More complex procedures, such as PET scans and MRI’s, can have a limited role in specific situations.

**Since effective treatment of thyroid cancer virtually always requires complete elimination of the normal thyroid gland, lifelong thyroid hormone replacement is an important part of the treatment plan.**

For low risk cancers, hormone replacement is focused on replacing as closely as possible the amount of thyroid hormone that would have been produced by the normal gland. For higher risk cancers, however, the goal is to slightly exceed normal levels of thyroid hormone. This sends a signal to the pituitary gland, located in the brain, to suppress the production of thyroid stimulating hormone (TSH), the hormone that regulates the functioning of the normal gland. TSH has the ability to stimulate the growth of cancer cells, so keeping the level of TSH low avoids encouraging the growth of any remaining tumor. TSH levels are easily monitored with a routine blood test.

Despite the increasing incidence of thyroid cancer, it remains a tumor that responds well to treatment. Detection, diagnosis, surgery, radiation and long term follow-up require collaboration among the primary care provider, endocrinologist, surgeon, radiologist, and radiation oncologist. Finally, the relatively unique need for long term monitoring makes the patient’s responsibility to follow monitoring recommendations especially important.

**Thyroid Cancer Survival**

Survival rates at Our Lady of Lourdes mirror those seen across the country.
July:
Mission In Motion Van offered services at the Pink Faith Breast Cancer Awareness Walk. The day featured educational exhibits, raffles, music, giveaways and the Lourdes Mission In Motion Mobile Mammography Van, Dr. Anne was one of the guest speakers. The event was sponsored by Lourdes, UHS, Chenango Health Network and Susan G. Komen of Central New York. Pink Faith is a group of breast cancer survivors from the Afton area. Funds raised at this event will remain local and will assist women undergoing treatment for breast cancer.

New outreach for the Mission In Motion Van was provided at the Hancock Firemen’s Field Days.

August:
Annual sponsor of the All Paws for a Cause, Canine Walk For Breast Cancer Awareness. This walk is held every year to raise money for the ENCOREplus program. They assist women in their need to receive free mammograms, CBE’s and Pap smears when insurance isn’t available. A large Lourdes display was set up at the walk as well as the ability to schedule appointments on the Mission In Motion van.

September:
American Cancer Society’s Making Strides Against Breast Cancer, including on-site tours of the Mission In Motion van and on-site appointment scheduling for screening mammograms. Large group of Lourdes associates attended.

October:
Christine Ondecko from Lourdes Mission In Motion Mobile Mammography van presented information on the services offered by the Mobile Mammography van and the Breast Care Center at a social Tea Party hosted by ENCOREplus. This tea was attended by over 100 women from the community and surrounding area.

February:
Annual support of Coaches vs. Cancer (along with Binghamton Senators) including Regional Cancer Center display staffed with associates able to answer questions.

March:
Title sponsor of Face Off Against Cancer (along with Binghamton Senators) including Regional Cancer Center display staffed with associates able to answer questions.

June:
American Cancer Society’s Relay for Life event. Large group of Lourdes Associates attended.

Ongoing:
Doc on Call tv interview series on WBNG: Lourdes’ topic is cancer so all interviews promote some type of cancer prevention, diagnosis or treatment/support.

In the calendar year 2013 The Mission In Motion Mobile Mammography van has been to approximately 156 events so far, (some are repeats) and has provided over 1300 digital mammograms to date.