



THYROID CANCER

Primary care provider involvement in caring for thyroid cancer survivors

BACKGROUND

The number of patients diagnosed with thyroid cancer has increased in recent years. A majority of patients with thyroid cancer are diagnosed with papillary or follicular thyroid cancer. While the long-term outcomes of patients with thyroid cancer are excellent, these patients need long-term follow up and surveillance (close observation to make sure their cancer does not come back). Specialists, such as endocrinologists (doctors who specialize in the endocrine system including thyroid diseases), often treat these patients initially. Long-term care may be then be transitioned to the primary care provider (PCP). However, studies have shown that PCPs are often not comfortable in caring for people who have survived cancer. Little is known how confident PCPs are in caring for and managing people who have survived thyroid cancer. The purpose of this study is to understand PCP involvement and confidence in caring for thyroid cancer survivors.

THE FULL ARTICLE TITLE

Radhakrishnan A et al 2020 Primary care provider involvement in thyroid cancer survivorship care. *J Clin Endocrinol Metab* 105(9):dgaa437. PMID: 32639557.

SUMMARY OF THE STUDY

Patients diagnosed with thyroid cancer from 2014 to 2015 were identified from the Georgia and Los Angeles Surveillance, Epidemiology, and End Results (SEER) registries and were asked to identify the doctor most involved in their thyroid cancer care (other than their surgeon or endocrinologist). A total of 289 PCPs were identified and surveyed through mail surveys and follow-up phone calls. PCPs were asked if they were involved in long-term care of thyroid cancer survivors. PCPs were also were asked to report their confidence in caring for thyroid cancer survivors including discussing the role of thyroglobulin

levels and neck ultrasounds, and knowing when to refer a patient back to the thyroid specialist. PCP involvement was reported as involved versus not involved, and confidence was reported as high versus low. PCPs were asked if they were familiar with the established guidelines for managing patients with thyroid cancer: the 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer and the 2017 National Comprehensive Cancer Network's Clinical Practice Guidelines in Oncology: Thyroid Carcinoma.

Of the 289 PCPs surveyed 162 responded (56% response rate). A total of 76% of PCPs reported being involved in the care and long-term surveillance of thyroid cancer survivors. PCPs who felt that the clinical guidelines most guided their treatment decisions were found to have the most involvement in caring for thyroid cancer survivors. PCPs reported their confidence in handling the following: referring a patient to a specialist (39%), role of a neck ultrasound (36%) and thyroglobulin levels (27%), and ending long-term surveillance (14%). PCPs who noted they were involved in the care of thyroid cancer survivors were more likely to report high confidence in discussing the role of thyroglobulin levels.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

While many PCPs report being involved in thyroid cancer survivors care, there are gaps in their confidence in handling various aspects of care. One option to improve primary care confidence in caring for thyroid cancer survivors includes having thyroid survivorship clinical guidelines that clarify the specific role and responsibility of the PCP.

— Priya Mahajan, MD

ATA THYROID BROCHURE LINKS

Thyroid Cancer (Papillary and Follicular): <https://www.thyroid.org/thyroid-cancer/>





THYROID CANCER, continued

ABBREVIATIONS & DEFINITIONS

Papillary Thyroid cancer: the most common type of thyroid cancer. There are 4 variants of papillary thyroid cancer: classic, follicular, tall-cell and noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP).

Follicular Thyroid Cancer: the second most common type of thyroid cancer.

SEER: Surveillance, Epidemiology and End Results program, a nation-wide anonymous cancer registry generated by the National Cancer Institute that contains information on 26% of the United States population. Website: <http://seer.cancer.gov/>

Thyroglobulin: a protein made only by thyroid cells, both normal and cancerous. When all normal thyroid tissue is destroyed after radioactive iodine therapy in patients with thyroid cancer, thyroglobulin can be used as a thyroid cancer marker in patients that do not have thyroglobulin antibodies.

Neck ultrasound: a common imaging test used to evaluate the structure of the thyroid gland and neck. Ultrasound uses sound waves to create a picture of the structure of the thyroid gland and surrounding neck.