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THYROID CANCER

Can the emotions about having papillary thyroid cancer or just the possibility of cancer affect how we make treatment decisions?

BACKGROUND

Many people have thyroid nodules and most of these nodules are not cancer. Thyroid ultrasound and needle biopsy are used to find out which nodules may be cancer. The most common thyroid cancer is the papillary thyroid cancer and surgery has been the standard treatment for many years. Sometimes the biopsy cannot tell whether there is cancer and these nodules are called indeterminate. Surgery or additional testing may be needed to make a diagnosis. Patients with papillary thyroid cancer generally have excellent outcomes no matter how much of the thyroid is removed. Because of this, recent guidelines give us more treatment options, such as removing only half of the thyroid or not removing very small thyroid cancers. These options also decrease the risk for complications from surgery and improve the quality of life.

This information is helpful, but it may not be enough to make the best treatment decision. We do not know much about how patients feel when diagnosed with papillary thyroid cancer or possibility of cancer, their concerns and how these emotions might affect treatment decisions. This study was done to understand the reactions of patients who were diagnosed with papillary thyroid cancer or indeterminate nodules.

THE FULL ARTICLE TITLE

Pitt SC et al. 2020 Patients' reaction to diagnosis with thyroid cancer or an indeterminate thyroid nodule. Thyroid. Epub 2020 Oct 3. PMID: 33012267

SUMMARY OF THE STUDY

This study was done in the United States as part of a prospective, randomized clinical trial. Researchers interviewed adult patients who were diagnosed with an indeterminate thyroid nodule or papillary thyroid cancer between August 2014 and February 2019. The interviews were done after the providers explained the results and discussed the plan with their patients but before the surgery. Patients also received educational materials explaining the nodules and thyroid cancer, reasons to have surgery, associated risks and expected recovery from surgery. The study was designed to understand the emotional responses to these diagnoses as well as how other factors like reactions of family and friends effected these responses.

Study included 85 patients and 50 had papillary thyroid cancer. Both the diagnosis of cancer or possibility of cancer caused fear and anxiety. The most common reaction was the same for majority of the patients. They had an urgent need to get the cancer out of their body because "it was cancer". They also wanted to reassure themselves and their family before returning to a normal life. Patients were worried that the cancer could spread even though they were counseled that this was very unlikely, and this type of cancer had an excellent outcome. Patients who had cancer diagnosis and those with indeterminate results had very similar reactions. Other concerns were surgery related scarring, damage to voice or swallowing and the recovery period. The need to remove the cancer was so strong that the potential risks played a smaller role in their decision.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

In conclusion, this study showed that patients had strong emotions, especially worry and anxiety, when diagnosed with papillary thyroid cancer or indeterminate nodules. Patients felt a need to "get it out" in response to the word cancer, even though they had information about the generally very good nature of the disease.

These results are important for both patients and providers. Providers need to understand the responses caused by these diagnoses so they can better inform and guide their patients. Patients need to be aware of the natural emotions they may feel and how these may affect their decisions. This would help them to consider all the information about their disease so they can choose the best treatment option.

— Ebru Sulanc, MD

THYROID CANCER, continued

ATA THYROID BROCHURE LINKS

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

ABBREVIATIONS & DEFINITIONS

Thyroid nodule: an abnormal growth of thyroid cells that forms a lump within the thyroid. While most thyroid nodules are non-cancerous (Benign), ~5% are cancerous.

Indeterminate thyroid biopsy: this happens a few atypical cells are seen but not enough to be abnormal (atypia of unknown significance (AUS) or follicular lesion of unknown significance (FLUS)) or when the diagnosis is a follicular or hurthle cell lesion. Follicular and hurthle cells are normal cells found in the thyroid. Current analysis of thyroid biopsy results cannot differentiate between follicular or hurthle cell cancer from noncancerous adenomas. This occurs in 15-20% of biopsies and often results in the need for surgery to remove the nodule.

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).

Thyroidectomy: surgery to remove the entire thyroid gland. When the entire thyroid is removed it is termed a total thyroidectomy. When less is removed, such as in removal of a lobe, it is termed a partial thyroidectomy.