

Clinical THYROIDOLOGY FOR PATIENTS



AMERICAN
THYROID
ASSOCIATION
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VOLUME 4 • ISSUE 1 • JANUARY 2011

www.thyroid.org

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THYROID CANCER

Recombinant human TSH is as effective as thyroid hormone withdrawal in treating thyroid cancer patients with radioactive iodine

After the initial surgery for thyroid cancer, many patients are treated with radioactive iodine. Patients are prepared for radioactive iodine treatment by increasing TSH levels, either by stopping thyroid hormone therapy for a period of time and becoming hypothyroid (thyroid hormone withdrawal) or by administering TSH in the form of recombinant human TSH (rhTSH, Thyrogen). It is not clear is whether rhTSH is as effective as thyroid hormone withdrawal in treating thyroid cancer that has spread outside of the neck (metastatic). This study compares the outcomes in patients with metastatic thyroid cancer who were treated with radioactive iodine after rhTSH as compared to after thyroid hormone withdrawal.

Tuttle RM et al. Radioactive iodine administered for thyroid remnant ablation following recombinant human thyroid stimulating hormone preparation also has an important adjuvant therapy function. *Thyroid* 2010;20:257-63.. 3

THYROID CANCER AND PREGNANCY

Pregnancy may not have an impact on cancer recurrence in women with thyroid cancer

Thyroid cancer is relatively common and is the fastest rising cancer in women, many of whom are of child bearing age. Thus, it is not unusual for thyroid cancer to be detected during pregnancy or for women who are thyroid cancer survivors to become pregnant. This study sought to determine whether women with a history of papillary thyroid cancer who became pregnant after receiving their treatment were at increased risk of thyroid cancer progression or recurrence.

Hirsch D et al. Impact of pregnancy on outcome and prognosis of survivors of papillary thyroid cancer. *Thyroid*. 2010; 20(10):1179-1185..... 5

THYROID CANCER

Serum thyroglobulin levels predict cancer recurrence following radioactive iodine treatment for low risk thyroid carcinoma

Patients with low risk thyroid cancer (for example, those with small cancers that have not spread outside the thyroid at the time of diagnosis) have an excellent survival rate. However, approximately 15% of these patients will develop recurrence of the cancer during the next 30 years. This study examined several variables to determine which ones would best predict cancer recurrence.

Pelttari H et al. Post-ablative serum thyroglobulin is an independent predictor of recurrence in low-risk differentiated thyroid carcinoma: a 16-yr follow-up study. *Eur J Endocrinol* 2010;163:757-63. EJE-10-0553 [pii];10.1530/EJE-10-0553 [doi] 7

HYPOTHYROIDISM

Possible mechanisms of weight loss during treatment of hypothyroidism

The thyroid gland controls the body's energy levels. In hypothyroidism, energy levels slow down and patients frequently gain weight. This is assumed to be an increase in the body fat mass, as opposed to muscle mass (lean body mass). Treatment with thyroid hormone returns energy levels to normal and often results in some degree of weight loss, again the decrease is thought to be from the body fat mass. Hypothyroid patients also retain fluid and thyroid hormone treatment increases fluid excretion. Total body fluid is accounted for when muscle mass is measured. This study was performed to discover how weight loss occurs during the treatment of hypothyroidism by measuring changes in fat mass and muscle mass.

Karmisholt J et al. Weight Loss after Therapy of Hypothyroidism Is Mainly Caused by Excretion of Excess Body Water Associated with Myxoedema. *J Clin Endocrinol Metab* 2010. jc.2010-1521 [pii];10.1210/jc.2010-1521[doi] 9

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CLINICAL THYROIDOLOGY FOR PATIENTS

A publication of the American Thyroid Association

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EDITOR'S COMMENTS

Welcome to *Clinical Thyroidology for Patients*. This publication is a collection of summaries of the top articles from the recent medical literature that cover the broad spectrum of thyroid disorders. *Clinical Thyroidology for Patients* is published on a monthly basis and includes summaries of research studies that were discussed in the previous month's issue of *Clinical Thyroidology*, a publication of the American Thyroid Association for physicians. This means that you, the patients, are getting the latest information on thyroid research and treatment almost as soon as your physicians. In 2010, thyroid cancer was again the most frequent topic presented with 40 articles summarized. There were also 11 summaries on thyroid and pregnancy, six on nodules, five on Graves'/hyperthyroidism and eight on all other subjects.

The **Calendar of Events** highlights educational forums and support groups that are organized around the country by members of the **Alliance for Thyroid Patient Education**. The Alliance member groups consist of: the *American Thyroid Association*, the *Graves' Disease Foundation*, the *Light of Life Foundation* and *ThyCa: Thyroid Cancer Survivors Association*. In this issue, we are highlighting **ThyCa** as they report on their annual meeting held this past October.

In this issue, the studies ask the following questions:

- How effective is recombinant human TSH in treating thyroid cancer with RAI?
- Does pregnancy have an effect on thyroid cancer recurrence?
- Can we predict thyroid cancer recurrence after RAI treatment?
- What are the reasons patients lose weight after treatment of hypothyroidism?

We welcome your feedback and suggestions. Let us know what you want to see in this publication. I hope you find these summaries interesting and informative.

— Alan P. Farwell, MD

HOW TO NAVIGATE THIS DOCUMENT: The Table of Contents and the Bookmarks are linked to the articles. To navigate, move your cursor over the article title you wish to see (either in the Contents or in the Bookmarks panel) and the hand will show a pointing finger, indicating a link. Left-click the title and the article will instantly appear. To return to the Contents, move the cursor to the bottom of the page and left-click **Back to Table of Contents**.

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THYROID CANCER

Recombinant human TSH is as effective as thyroid hormone withdrawal in treating thyroid cancer patients with radioactive iodine

WHAT IS THE STUDY ABOUT?

After the initial surgery for thyroid cancer, many patients are treated with radioactive iodine. Patients are prepared for radioactive iodine treatment by increasing TSH levels, either by stopping thyroid hormone therapy for a period of time and becoming hypothyroid (thyroid hormone withdrawal) or by administering TSH in the form of recombinant human TSH (rhTSH, Thyrogen), which has been available since 1997. The main advantage of rhTSH is the avoidance of the symptoms of hypothyroidism while allowing effective treatment of any residual thyroid cancer. Now that there is more than a decade of experience, it is clear that rhTSH preparation for radioactive iodine is effective in low risk patients. What is not clear is whether rhTSH is as effective as thyroid hormone withdrawal in treating thyroid cancer that has spread outside of the neck (metastatic), something that is often not discovered until after the treatment. This study compares the outcomes in patients with metastatic thyroid cancer who were treated with radioactive iodine after rhTSH as compared to after thyroid hormone withdrawal.

THE FULL ARTICLE TITLE:

Tuttle RM et al. Radioactive iodine administered for thyroid remnant ablation following recombinant human thyroid stimulating hormone preparation also has an important adjuvant therapy function. *Thyroid* 2010;20:257-63.

WHAT WAS THE AIM OF THE STUDY?

The aim of this study was to determine if rhTSH was as effective as thyroid hormone withdrawal in the first treatment with radioactive iodine after surgery for thyroid cancer in patients subsequently found to have spread of the cancer outside of the neck.

WHO WAS STUDIED?

The study group included 84 thyroid cancer patients who were found to have metastatic cancer after their first radioactive iodine treatment.

HOW WAS THE STUDY DONE?

A total of 64 patients were prepared for radioactive iodine therapy by rhTSH and 20 patients were prepared by thyroid hormone withdrawal. All patients had post-radioactive iodine treatment scans and, if there was evidence of spread outside the neck, also had CT scans. Most patients had diagnostic rhTSH scans 18 months after the initial radioactive iodine treatment.

WHAT WERE THE RESULTS OF THE STUDY?

In most patients (94% rhTSH, 80% thyroid hormone withdrawal), the spread of the thyroid cancer remained within the neck. The remaining patients (4 from each group) also had spread of the cancer to the lungs. A total of 28 of 64 (44%) of the rhTSH group and 6 of 20 (30%) of the thyroid hormone withdrawal group had their metastatic thyroid cancer successfully treated after the initial radioactive iodine treatment. Overall, there were no differences in outcome after treatment with either rhTSH or thyroid hormone withdrawal.

HOW DOES THIS COMPARE WITH OTHER STUDIES?

This study is similar to a multi-center international study comparing rhTSH and thyroid hormone withdrawal published in 2009. That study followed approximately fifty patients.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

This is further assurance that rhTSH is an effective drug for use in treating thyroid cancer. Although it is expensive, its use spares patients from the significant symptoms of hypothyroidism that usually occur with withdrawal. In elderly patients and those with other co-existing conditions such as heart disease, withdrawal and resumption of thyroid hormone therapy is cumbersome and may itself be risky.

— Henry Fein, MD

ATA THYROID BROCHURE LINKS

Thyroid cancer: http://thyroid.org/patients/patient_brochures/cancer_of_thyroid.html

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THYROID CANCER, continued

ABBREVIATIONS & DEFINITIONS

TSH: Thyroid stimulating hormone — produced by the pituitary gland that regulates thyroid function; also the best screening test to determine if the thyroid is functioning normally.

Hypothyroidism — a condition where the thyroid gland is underactive and doesn't produce enough thyroid hormone. Treatment requires taking thyroid hormone pills.

Radioactive iodine (RAI) — this plays a valuable role in diagnosing and treating thyroid problems since it is taken up only by the thyroid gland. I-131 is the destructive form used to destroy thyroid tissue in the treatment of thyroid cancer and with an overactive thyroid. I-123 is the non-destructive form that does not damage the thyroid and is used in scans to take pictures of the thyroid (Thyroid Scan) or to take pictures of the whole body to look for thyroid cancer (Whole Body Scan).

Diagnostic Whole Body Scans — these radioactive iodine scans are performed under TSH stimulation,

either after thyroid hormone withdrawal or after injections of recombinant human TSH (Thyrogen), and usually include measuring serum thyroglobulin levels.

Post- Radioactive iodine Whole Body Scan (post-RAI WBS) — the scan done after radioactive iodine treatment that identifies what was treated and if there is any evidence of metastatic thyroid cancer.

Recombinant human TSH (rhTSH) — human TSH that is produced in the laboratory and used to produce high levels of TSH in patients after an intramuscular injection. This is mainly used in thyroid cancer patients before treating with radioactive iodine or performing a whole body scan. The brand name for rhTSH is Thyrogen™.

Thyroid Hormone Withdrawal (THW) — this is used to produce high levels of TSH in patients by stopping thyroid hormone pills and causing short-term hypothyroidism. This is mainly used in thyroid cancer patients before treating with radioactive iodine or performing a whole body scan.



THYROID CANCER AND PREGNANCY

Pregnancy may not have an impact on cancer recurrence in women with thyroid cancer

WHAT IS THE STUDY ABOUT?

Thyroid cancer is relatively common and is the fastest rising cancer in women, many of whom are of child bearing age. Thus, it is not unusual for thyroid cancer to be detected during pregnancy or for women who are thyroid cancer survivors to become pregnant. Pregnancy has been associated with enlargement of the thyroid gland and increased growth of thyroid nodules, some of which are cancerous. These observations have led some investigators to suggest that the hormonal changes that occur during pregnancy may be associated with an increased risk of thyroid cancer progression and/or recurrence. This study sought to determine whether women with a history of papillary thyroid cancer who became pregnant after receiving their treatment were at increased risk of thyroid cancer progression or recurrence.

THE FULL ARTICLE TITLE:

Hirsch D et al. Impact of pregnancy on outcome and prognosis of survivors of papillary thyroid cancer. *Thyroid*. 2010; 20(10):1179-1185.

WHAT WAS THE AIM OF THE STUDY?

The aim of the study was to determine whether pregnancy in thyroid cancer survivors was associated with an increased risk of thyroid cancer progression or recurrence.

WHO WAS STUDIED?

A total of 63 women with a history of papillary thyroid cancer that had given birth at least once after receiving thyroid cancer treatment who were followed at the Endocrine Institute of Rabin Medical Center in Israel between 1992 and 2009.

HOW WAS THE STUDY DONE?

The records of 63 were reviewed for: age at cancer diagnosis, stage of papillary thyroid cancer, types of treatment (s) (i.e. surgery, radioactive iodine), thyroglobulin and TSH levels before, during and after pregnancy as well as all structural imaging studies (i.e. ultrasounds, nuclear medicine scans, CT scans). Women were categorized by cancer status before pregnancy (thyroid cancer free or persistent thyroid cancer) and thyroid cancer progression or recurrence (within 1 year of delivery) was assessed.

WHAT WERE THE RESULTS OF THE STUDY?

All women were younger than 45 years at time of the diagnosis of their papillary thyroid cancer and the average age during first pregnancy was ~30 years. The average time from thyroid cancer treatment to first child delivery was ~5 years and the average time of follow up after first delivery was 4.8 years. Thirteen women (20.6%) were considered to have persistent thyroid cancer at the time of pregnancy and 6 of these patients were determined to have thyroid cancer progression during their first pregnancy after thyroid cancer diagnosis. Twenty three women had two or more children after thyroid cancer treatment and 3 demonstrated cancer progression in the second pregnancy, all of whom had persistent cancer before the first pregnancy. Only 1 patient who was cancer free before pregnancy was determined to have a cancer recurrence during pregnancy. The average TSH during pregnancy was 2.65 mIU/L and TSH levels did not correlate with thyroid cancer progression or recurrence.

HOW DOES THIS COMPARE WITH OTHER STUDIES?

This study is consistent with other smaller studies suggesting that pregnancy in women thyroid cancer survivors does not pose an increased risk of thyroid cancer recurrence or progression.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

Pregnancy after treatment for thyroid cancer does not appear to increase the risk of disease recurrence. Further this suggests that TSH values do not have to remain suppressed during pregnancy in thyroid cancer survivors. These studies provide reassurance to women with a history of thyroid cancer who are contemplating pregnancy.

— Whitney Woodmansee, MD

ATA THYROID BROCHURE LINKS

Thyroid cancer: http://thyroid.org/patients/patient_brochures/cancer_of_thyroid.html

Thyroid and Pregnancy: http://thyroid.org/patients/patient_brochures/pregnancy.html

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THYROID CANCER AND PREGNANCY, continued

ABBREVIATIONS & DEFINITIONS


TSH: Thyroid stimulating hormone — produced by the pituitary gland that regulates thyroid function; also the best screening test to determine if the thyroid is functioning normally.

Papillary thyroid cancer — the most common type of thyroid cancer.

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.



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Founded 2005

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THYROID CANCER

Serum thyroglobulin levels predict cancer recurrence following radioactive iodine treatment for low risk thyroid carcinoma

WHAT IS THE STUDY ABOUT?

A diagnosis of thyroid cancer is becoming more common; indeed, thyroid cancer is the fastest rising cancer in women. Fortunately, thyroid cancer can be effectively treated in most cases and patients with low risk thyroid cancer (for example, those with small cancers that have not spread outside the thyroid at the time of diagnosis) have an excellent survival rate. However, approximately 15% of these patients will develop recurrence of the cancer during the next 30 years. This study examined several variables including the features of the initial pathology and serum thyroglobulin levels to determine which ones would best predict cancer recurrence.

THE FULL ARTICLE TITLE:

Pelttari H et al. Post-ablative serum thyroglobulin is an independent predictor of recurrence in low-risk differentiated thyroid carcinoma: a 16-yr follow-up study. *Eur J Endocrinol* 2010;163:757-63. EJE-10-0553 [pii];10.1530/EJE-10-0553 [doi].

WHAT WAS THE AIM OF THE STUDY?

The aim of this study was to determine what factors predict cancer recurrence in patients with low risk thyroid cancer.

WHO WAS STUDIED?

A total of 495 patients with low risk thyroid cancer who were treated at the Helsinki University Central Hospital from 1983 through 1997 were studied. The average follow-up of these patients was 16 years.

HOW WAS THE STUDY DONE?

The records from all patients were reviewed and factors such as age, sex, primary cancer size, cancer spread invasion into the tissues surrounding the thyroid, presence of cancer in the lymph nodes and serum thyroglobulin levels following surgery and following treatment with radioactive iodine were recorded. A statistical analysis examined these variables in patients who did not

have recurrence as compared to those who did have a recurrence of their cancer. Factors that were more common in patients with recurrence could be identified this way and used to predict cancer recurrence.

What were the results of the study?

Detection of serum thyroglobulin after total or near total thyroidectomy followed by radioactive iodine destruction of residual thyroid tissue was predictive of cancer recurrence, being found in 36.4% of patients with subsequent recurrence as compared with 9.8% without recurrence. In addition, the other independent predictors of disease recurrence were the presence of cancer in the lymph nodes and invasion of the cancer into the soft tissues surrounding the thyroid at the time of initial surgery.

HOW DOES THIS COMPARE WITH OTHER STUDIES?

Other studies have also shown that elevated levels of serum thyroglobulin following radioactive iodine treatment for low risk differentiated thyroid cancer are associated with cancer recurrence. Although most recurrences are detected within the first 10 years following initial therapy, there are late recurrences and, therefore, a study such as this with a 16 year median follow-up period is important for examining factors that may predict recurrence.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

An elevated serum thyroglobulin in thyroid cancer patients predicts which patients are more likely to have a recurrence of their cancer and should be measured routinely in these patients.

— Glenn Braunstein, MD

ATA THYROID BROCHURE LINKS

Thyroid cancer: http://thyroid.org/patients/patient_brochures/cancer_of_thyroid.html

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THYROID CANCER, continued

ABBREVIATIONS & DEFINITIONS

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.

Radioactive iodine (RAI) — this plays a valuable role in diagnosing and treating thyroid problems since it is taken up only by the thyroid gland. I-131 is the destructive form used to destroy thyroid tissue in the treatment of thyroid cancer and with an overactive

thyroid. I-123 is the non-destructive form that does not damage the thyroid and is used in scans to take pictures of the thyroid (Thyroid Scan) or to take pictures of the whole body to look for thyroid cancer (Whole Body Scan).

Lymph node — bean-shaped organ that plays a role in removing what the body considers harmful, such as infections and cancer cells.

Cancer recurrence — this occurs when the cancer comes back after an initial treatment that was successful in destroying all detectable cancer at some point.



HYPOTHYROIDISM

Possible mechanisms of weight loss during treatment of hypothyroidism

WHAT IS THE STUDY ABOUT?

The thyroid gland controls the body's energy levels. In hypothyroidism, energy levels slow down and patients frequently gain weight. This is assumed to be an increase in the body fat mass, as opposed to muscle mass (lean body mass). Treatment with thyroid hormone returns energy levels to normal and often results in some degree of weight loss, again the decrease is thought to be from the body fat mass. Hypothyroid patients also retain fluid and thyroid hormone treatment increases fluid excretion. Total body fluid is accounted for when muscle mass is measured. This study was performed to discover how weight loss occurs during the treatment of hypothyroidism by measuring changes in fat mass and muscle mass.

THE FULL ARTICLE TITLE:

Karmisholt J et al. Weight Loss after Therapy of Hypothyroidism Is Mainly Caused by Excretion of Excess Body Water Associated with Myxoedema. *J Clin Endocrinol Metab* 2010. jc.2010-1521 [pii];10.1210/jc.2010-1521[doi].

WHAT WAS THE AIM OF THE STUDY?

The goal of this study was to determine the cause of weight changes associated with hypothyroidism.

WHO WAS STUDIED?

Participants in the study were referred to the Endocrine clinic in Denmark and were newly diagnosed with autoimmune hypothyroidism (Hashimoto's thyroiditis). There were 12 patients included in this study.

HOW WAS THE STUDY DONE?

Each participant had a physical examination, measurement of body composition (fat and muscle mass) and resting energy levels. They had their physical activity levels evaluated before starting thyroid medication and again periodically over 1 year. Thyroid function levels

were measured (TSH and free T₄) to check their thyroid function at baseline and at 1 year. They measured physical activity levels with a questionnaire and pedometers.

WHAT WERE THE RESULTS OF THE STUDY?

Body weight decreased an average of 4.3 kg after 1 year of levothyroxine therapy, which was caused by a significant decrease of 3.8 kg in muscle mass. An insignificantly small decrease was observed in the body fat mass. Resting energy levels increased by 11.6%.

HOW DOES THIS COMPARE WITH OTHER STUDIES?

There are not many other studies that looked into the mechanisms of body weight changes in hypothyroidism and treatment with levothyroxine. This is the first study to examine changes in body composition in this way.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

The results show that weight loss due to levothyroxine treatment in hypothyroid patients is due to a decrease in muscle mass which results from a decrease in total body fluid. Total fat mass was unchanged. Further, these results show that levothyroxine treatment in hypothyroid patients increases energy levels.

— Heather Hofflich, MD

ATA THYROID BROCHURE LINKS

Hypothyroidism: http://thyroid.org/patients/patient_brochures/hypothyroidism.html

Thyroid Hormone Treatment: http://thyroid.org/patients/patient_brochures/hormonetreatment.html

Thyroid and Weight: http://www.thyroid.org/patients/patient_brochures/weight.html

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HYPOTHYROIDISM, continued

ABBREVIATIONS & DEFINITIONS

Hypothyroidism — a condition where the thyroid gland is underactive and doesn't produce enough thyroid hormone. Treatment requires taking thyroid hormone pills.

Hashimoto's thyroiditis — the most common cause of hypothyroidism in the United States. It is caused by antibodies that attack the thyroid and destroy the gland.

Levothyroxine — the major hormone produced by the thyroid gland and available in pill form as Levoxyl™, Synthroid™, Levotheroid™ and generic preparations.

Thyroid hormone therapy — patients with hypothyroidism are most often treated with Levothyroxine in order to return their thyroid hormone levels to normal. Replacement therapy means the goal is a TSH in the normal range and is the usual therapy.

Body Composition — The human body is composed of fat mass, muscle mass (lean body mass) and bone mass. Total body water is included in the measurements of muscle mass.



ATA Alliance for Thyroid Patient Education

GOAL

The goal of our organizations is to provide accurate and reliable information for patients about the diagnosis, evaluation and treatment of thyroid diseases.

WHO WE ARE

AMERICAN THYROID ASSOCIATION

www.thyroid.org

ATA Patient Resources: <http://www.thyroid.org/patients/>

Find a Thyroid Specialist: www.thyroid.org

Phone (toll-free): 1-800-THYROID

e-mail: thyroid@thyroid.org

ATA Mission: The ATA leads in promoting thyroid health and understanding thyroid biology.

ATA Vision: The ATA is the leading organization focused on thyroid biology and the prevention and treatment of thyroid disorders through excellence and innovation in research, clinical care, education, and public health.

ATA Values: The ATA values scientific inquiry, clinical excellence, public service, education, collaboration, and collegiality.

To further our mission, vision and values the ATA sponsors “Friends of the ATA” online to advance the information provided to patients and the public such as this publication, *Clinical Thyroidology for Patients*. We welcome your support.

GRAVES’ DISEASE FOUNDATION

www.ngdf.org

Phone (toll-free): 1-877-NGDF-123 or 643-3123

e-mail: Gravesdiseasefd@gmail.com

Founded in 1990, the Graves’ Disease Foundation offers support and resources to Graves’ disease patients, their families, and health care professionals. Their mission is to find the cause of and the cure for Graves’ thyroid disease through research, to improve the quality of life for persons with Graves’ disease and their caregivers and to educate persons with Graves’ disease, their caregivers, healthcare professionals, and the general public about Graves’ disease and its treatment. The web site features a monitored bulletin board.

LIGHT OF LIFE FOUNDATION

www.checkyourneck.com

email: info@checkyourneck.com

The Light of Life Foundation, founded in 1997, is a nonprofit organization that strives to improve the quality of life for thyroid cancer patients, educate the public and professionals about thyroid cancer, and promote research and development to improve thyroid cancer care.

THYCA: THYROID CANCER SURVIVORS’ ASSOCIATION, INC.

www.thyca.org

Phone (toll-free): 877 588-7904

e-mail: thyca@thyca.org

ThyCa: Thyroid Cancer Survivors’ Association, Inc., founded in 1995, is an international nonprofit organization, guided by a medical advisory council of renowned thyroid cancer specialists, offering support and information to thyroid cancer survivors, families, and health care professionals worldwide.





HIGHLIGHT: ThyCa: Thyroid Cancer Survivors Association

ThyCa Holds Successful 13th Annual Thyroid Cancer Survivors Conference

The 2010 Conference, held in Dallas, Texas topped all previous conferences in its reach. Participants came from 40 states, DC, Canada, Hong Kong, and United Kingdom. They included people at all phases of testing, treatment and follow-up for all types of thyroid cancer, at all stages of disease, from low-risk patients to those with advanced metastatic disease seeking or already in clinical trials. Attendees ranged from children to seniors, many with family members also attending.

The 3 days featured more than 100 informative sessions on research and treatment advances, and speakers included 37 distinguished medical professionals in many specialties. Topics included care management for patients at different risk levels, including use of ATA's Guidelines, as well as current clinical trials and the development of new targeted therapies for patients whose thyroid cancer has not responded to other treatments. Additional sessions focused on practical and family issues experienced by people coping with thyroid cancer, plus peer-support roundtables led by long-term survivors and caregivers.

The 37 medical professionals included specialists in endocrinology, medical oncology, nuclear medicine, oral medicine, pathology, and surgery, from numerous centers around the United States. Presenters also included genetic counselors, mental health professionals, nurse practitioners, and attorneys specializing in employment, disability and estate and financial planning. Nurses who attended were able to receive continuing education credits, offered for the 4th year in a row at the conference.

The conference also featured the premiere showing of a new educational 62-minute documentary titled "Thyroid Cancer's Magic Bullet: The Prep, The Pill, The Post," developed by Nick Isenberg, filmmaker and thyroid cancer survivor and including interviews with specialists at the University of Colorado Health Sciences Center. The film helps patients and caregivers see, hear, and understand what to expect before and after receiving RAI, giving the perspectives of patients, physicians and other professionals as it tells the story about differentiated thyroid cancer care.

Resource tables displayed free materials, including the new expanded 7th edition of the downloadable Low-Iodine Cookbook, the free Pediatric Backpacks sent to families with children and teens with thyroid cancer, thyroid cancer awareness and outreach materials, the ATA Guidelines and numerous additional resources.

One attendee wrote, "The sessions helped make us informed patients by having so many knowledgeable, patient, and friendly physicians plus other medical specialists. All gave us greater insights into all aspects of thyroid cancer and all topics related to it. You can learn something new every year at the International Thyroid Cancer Survivors' Conference."

On the Saturday evening of the conference, the 9th Annual Dinner/Auction Fundraiser raised more than \$38,000 for thyroid cancer research. Trish Allen of Texas, an anaplastic thyroid cancer survivor, and Phil Doetch of California, who created the Million Steps for Bob campaign in memory of his friend Bob Dubcich, gave inspiring talks and appeals for more thyroid cancer research. Several attendees, including one medical professional, responded to the spontaneous Somersaults Challenge and in just a few minutes raised more than \$2,000 for research. This evening of fundraising helps ThyCa continue to fund thyroid cancer research—now 8 straight years providing 14 different grants totaling more than \$650,000. ThyCa plans to award more new research grants in 2011, with recipients to be selected by ATA's independent expert panel.

ThyCa thanks all the medical professionals, including numerous ATA members, who generously contributed their time and expertise to this important event for patient and caregivers. We invite all ATA members and friends to tell your patients, colleagues, and staff about ThyCa's free year-round resources and events. During 2011, there will be hundreds of free local support group meetings, free regional one-day workshops and seminars, and the 14th International Thyroid Cancer Survivors' Conference on October 14-16, 2011 at the Hilton Los Angeles Airport Hotel, 5711 West Century Boulevard, Los Angeles, California. Additionally, ThyCa also hosts Thyroid Cancer Awareness Month worldwide in September as well as ongoing awareness campaigns throughout the year."

For free materials for patients and news about events and the Rally for Research, e-mail to thyca@thyca.org, fax 630-604-6078, call 877-588-7904, or visit www.thyca.org. To receive ThyCa's free online newsletter, sign up with ThyCa's free Guestbook at www.thyca.org/guestbook.htm.

— Gary Bloom, ThyCa Executive Director



ATA Alliance for Thyroid Patient Education CALENDAR OF EVENTS

Educational forums, patient support groups and other patient-oriented meetings

Graves' Disease Conferences www.ngdf.org

Fall, 2011 — Boston, MA

Annual Patient & Family Conference

Light of Life Foundation www.checkyourneck.com

February 10, 2011 — New York, NY

12th Annual Awards Dinner, New York City

February 2011

Thyroid Cancer Awareness Month

ThyCa Conferences www.thyca.org

October 14–16, 2011 — Los Angeles, California

14th International Thyroid Cancer Survivors' Conference

(at the Hilton Los Angeles Airport Hotel, 5711 West Century Boulevard, Los Angeles, California)

September, 2011 — Worldwide

Thyroid Cancer Awareness Month



On Wednesday February 9, AACE and ATA will be conducting live media satellite interviews with radio shows and television interviews across the USA.

Actress Faith Ford Shares Ups and Downs of Managing the Condition and living with thyroid disease. Faith Ford & Thyroid Expert Dr. Alan P Farwell discuss what you should know about Thyroid Disease.

Nearly 27 million Americans live with a thyroid disorder. More than half of those people aren't even aware they have a problem with their thyroid, although the signs and symptoms may be right in front of them. Surprisingly, more than 8 out of 10 those Americans suffering with thyroid disease are women.

The thyroid gland is a small butterfly-shaped gland located in the neck which regulates metabolism and impacts nearly every system in the body. The most common condition is hypothyroidism, which means the thyroid is not producing enough thyroid hormone.

Symptoms of thyroid disease such as fatigue and forgetfulness, brittle hair and nails, elevated cholesterol, low mood, vision changes, and constipation differ from patient to patient and are often brushed off or tied to other conditions. Thyroid disease, if left unmanaged, can lead to other serious conditions such as cardiovascular issues, weight problems, and depression; therefore, diagnosis and managing the disease properly is very important.

Actress Faith Ford discusses the ups and downs of Thyroid disease; how she manages the condition daily; and how she makes sure her family is aware of how the condition may affect them. Faith and Dr. Farwell will share helpful information that everyone with Thyroid disease should know.

Actress/producer **Faith Ford** is best known for her beloved roles as Corky Sherwood on CBS' iconic TV show *Murphy Brown* and Hope Shanowski on ABC's *Hope and Faith*. A Louisiana native, Faith came to New York at age 17 to begin a modeling career that quickly blossomed into acting. During her first season of *Murphy Brown*, Faith's health took an unexpected turn that resulted in a diagnosis of Graves' disease (overactive thyroid). After six years of fighting the disease, Faith underwent radioactive iodine treatment; she now takes daily medication to control her thyroid disease and is a passionate advocate for health, wellness, and understanding the symptoms of thyroid dysfunction. (Full bio is available for additional details.)

Alan P. Farwell, MD, is an Associate Professor of Medicine at Boston University School of Medicine, and Director of Endocrine Clinics at Boston Medical Center. Farwell's clinical research interests are in the etiology and treatment of thyroid disorders, particularly thyroid cancer, including thyroid ultrasonography and ultrasound-guided thyroid biopsies. He is particularly interested in educating the public and patients about the management of thyroid disorders. Dr. Farwell is the Director of Patient Education for the American Thyroid Association (ATA); Associate Editor of the journal *Thyroid*, ATA's scientific flagship publication; Chair of ATA's Alliance for Patient Education; and Editor-in-Chief of the online journal *Clinical Thyroidology for Patients*.

Interviews are offered as part of AACE's annual Thyroid Awareness campaign in cooperation with the ATA, supported by a grant from Abbott.