



## THYROID CANCER

### Are there racial differences in the care of patients with thyroid cancer?

#### BACKGROUND

Thyroid cancer is one of the fastest rising cancers, especially in women. A total of 62,000 new cases were diagnosed in 2016 alone. Fortunately, most of these cancers are low risk and, in these patients, the thyroid cancer is usually treated with surgery alone. Patients with intermediate and higher risk cancers are treated with radioactive iodine after surgery, which has shown to decrease cancer recurrence and improve survival in these higher risk patients. Guidelines from the American Thyroid Association and the National Comprehensive Cancer Network have each provided recommendations on the management of thyroid cancer. While the prognosis of thyroid cancer is usually excellent, decreased survival has been observed among the minority of patients who receive thyroid cancer care that is not aligned with either of the guidelines. This study was done to compare differences in the care of patients with thyroid cancer between the years 1998 to 2012.

#### THE FULL ARTICLE TITLE

Jaap K et al Disparities in the care of differentiated thyroid cancer in the United States: exploring the National Cancer Database. *Am Surg* 2017;83:739-46.

#### SUMMARY OF THE STUDY

The source of data for this study was the National Cancer Database. There were more than 250,000 patients with thyroid cancer included in the study; 78% of the patients were female, more than 80% were white and the average age was 48 years. Most of the patients (73.5%) had private insurance. Each of the geographic regions of the United States were represented fairly equally. Most patients had undergone a total thyroidectomy (83.3%), but only about half (48.5%) received postoperative radioactive iodine

therapy. A total of 52% of patients had received care at a Comprehensive Community Cancer Program, while 41% received care from an academic medical center as designated by the Commission on Cancer.

Patients were more likely to receive a total thyroidectomy and central neck dissection at academic medical centers. Black patients were less likely to receive central neck dissection than white patients. Those more likely to receive postoperative radioactive iodine ablation were whites, privately insured individuals, and those receiving care at an academic medical center, demonstrating the disparities in care for differentiated thyroid cancer in this data set.

#### WHAT ARE THE IMPLICATIONS OF THIS STUDY?

This study showed that those at risk for receiving less aggressive treatment of their thyroid cancer were more likely to be black, uninsured, and treated at Community Cancer Programs. The results of this study show racial and income based differences in the care of patients with thyroid cancer. There is also a difference noted between the academic medical centers and community cancer programs. The care of patients with thyroid cancer needs to be more uniform and the thyroid cancer care guidelines maybe helpful in this regard.

—Vibhavasu Sharma, MD

#### ATA THYROID BROCHURE LINKS:

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

Radioactive Iodine: <https://www.thyroid.org/radioactive-iodine/>

Thyroid Surgery: <https://www.thyroid.org/thyroid-surgery/>

#### ABBREVIATIONS & DEFINITIONS

**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.

**Radioactive iodine therapy:** 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





## THYROID CANCER, continued

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).

## Thyroid Awareness Monthly Campaigns

The ATA will be highlighting a distinct thyroid disorder each month and a portion of the sales for Bravelets™ will be donated to the ATA. The month of **November** is **Hyperthyroidism Awareness Month** and a bracelet is available through the **ATA Marketplace** to support thyroid cancer awareness and education related to thyroid disease.

