



## THYROID CANCER

### Is it appropriate to refer to thyroid cancer as the “good cancer” in discussions with patients with thyroid cancer?

#### BACKGROUND

Thyroid cancer is the fastest rising cancer, especially in women. Fortunately, there are effective treatments for most forms of thyroid cancer leading to an overall excellent prognosis for thyroid cancer patients. This has led to some providers to refer to thyroid cancer as the “good cancer” to their patients. However, there is increasing awareness that patients and physicians often differ in how they perceive the seriousness and consequences of a particular illness. Less information is available regarding how these differences affect the interaction of patients with their health care providers and others. The goal of this study was to determine the reaction of selected patients with thyroid cancer to perceptions of their illness as conveyed to them, directly or indirectly, by health care providers, their family members, and their support network.

#### THE FULL ARTICLE TITLE

Randle RW, et al Papillary thyroid cancer: the good and bad of the “good cancer.” *Thyroid* 2017;27:902-7. Epub June 12, 2017.

#### SUMMARY OF THE STUDY

Study patients were already participating in a thyroid cancer clinical trial. All had a preoperative diagnosis or suspicion of papillary thyroid cancer on the basis of ultrasound and thyroid biopsy. Patients were interviewed by 10 trained interviewers who were not members of the clinical staff. Interviews were conducted at the time of the patient’s pre-thyroidectomy clinic visit, 2 weeks after surgery, and 6, 26, and 52 weeks post- thyroidectomy. “Good cancer” was a theme that emerged unprompted from the interviews at multiple time points.

A total of 31 participants with thyroid cancer (7 men and 24 women) underwent the 113 interviews that were included in the analysis. They ranged from 22 to 67 years in age. The average size of their cancers was 1.5 cm. In approximately half (46%) of their interviews, the theme of papillary thyroid cancer being widely considered to be a good cancer emerged unprompted from almost all

(94%) of the interviewed participants. Discussion relating to papillary thyroid cancer being regarded as a good cancer was most common (50%) during the preoperative interview. A total of 14 participants brought up the theme of thyroid cancer being a good cancer during more than one interview.

Reactions of patients to their perception that they were viewed as having a good type of cancer were mixed. A total of 14 patients were interviewed at all of the five scheduled times prior to and up to 1 year after thyroid surgery. The comments of three patients were consistently indicative that they were glad to receive the message that they had a cancer with a good prognosis. A total of 5 patients were either positive or at other times neutral to being perceived as having a “good cancer,” and 4 patients were at times negative and other times positive. Two patients had a consistently negative response to the good cancer theme. Some patients expressed gratitude that they had been told that the thyroid cancer they had was one of the best to have. Others conveyed the impression that “the most pervasive negative impact of ‘good cancer’ themes were its tendency to invalidate and diminish the struggles of thyroid cancer patients.”

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

This study confirms that there is often a disconnect with patients in the message of thyroid cancer being a “good cancer”. This message comes from their presurgical and postsurgical interactions with health care providers, family and friends, and information on the Internet and in the media. In some such patients, the impression that their cancer is considered to be a good cancer is consistently viewed as being a positive experience. However, in the majority of patients, the good cancer theme does not reliably produce positive emotions and, in a few, it may consistently evoke negative feelings. This is important to consider and suggested that providers should largely refrain from calling thyroid cancer the “good cancer”.

— Alan P. Farwell, MD, FACE





**THYROID CANCER, continued**

**ATA THYROID BROCHURE LINKS**

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

Thyroid Cancer (Medullary): <https://www.thyroid.org/medullary-thyroid-cancer/>

**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.

**Thyroid fine needle aspiration biopsy:** a simple procedure that is done in the doctor's office to determine if a thyroid nodule is benign (non-cancerous) or cancer. The doctor uses a very thin needle to

withdraw cells from the thyroid nodule. Patients usually return home or to work after the biopsy without any ill effects.

**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).

