Survivorship – Thyroid Cancer (Includes Papillary, Follicular, and Medullary Carcinoma)

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

Low Risk 1

Moderate Risk 1

High Risk 1

Years 1-5:
- History and Physical exam annually
- TSH, Free T4, Thyroglobulin or Calcitonin and CEA annually
- Neck ultrasound annually

Years 6 and up:
- History and Physical exam annually to year 10, then every 2 years
- TSH, Free T4, Thyroglobulin or Calcitonin and CEA annually
- Neck ultrasound every 3-5 years

Years 3-10:
- History and Physical exam annually
- TSH, Free T4, Thyroglobulin or Calcitonin and CEA annually
- Neck ultrasound every year until year 5, then every 2 years until year 10
- Neck ultrasound every year until year 5, then every 2 years
- History and Physical exam annually to year 20, then every 2 years
- TSH, Free T4, Thyroglobulin or Calcitonin and CEA annually
- Neck ultrasound every 3 years

- History and Physical exam annually
- TSH, Free T4, Thyroglobulin or Calcitonin/CEA
- Ultrasound annually
- Chest x-ray as clinically indicated

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

See Page 2

MONITORING FOR LATE EFFECTS

SURVEILLANCE

Return to primary treating physician

Continue survivorship monitoring

Positive findings2?

Yes

No

Positive findings:
- Enlarging nodules by ultrasound greater than 1 cm
- Biopsy or confirmed recurrence
- Rising tumor markers
- New evidence of metastases

1 Low Risk: T1 N0 M0, no evidence of disease (thyroglobulin less than or equal to 1 or calcitonin less than or equal to 5; no suspicious lymph nodes or thyroid bed lesions by ultrasound) at 1 year

Moderate Risk: T1N1 M0, T2-4 N0-1 M0, no evidence of disease (thyroglobulin less than or equal to 1 or calcitonin less than or equal to 5; no suspicious lymph nodes or thyroid bed lesions by ultrasound) at 3 years

High Risk: T2-4 N0-1 M0, stable minimal evidence of disease (thyroglobulin less than or equal to 5 or calcitonin less than or equal to 50; no suspicious lymph nodes or thyroid bed lesions or stable subcentimeter lesions by ultrasound) at 5 years

2 Positive findings:
- Enlarging nodules by ultrasound greater than 1 cm
- Biopsy or confirmed recurrence
- Rising tumor markers
- New evidence of metastases

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**CONCURRENT COMPONENTS OF VISIT**

**MONITORING FOR LATE EFFECTS**
- Consider:
  - Monitoring bone health—osteoporosis screening¹/adequate calcium and Vitamin D intake/weight bearing exercise
  - Dental consult for mouth lesions and dental problems
  - Head and Neck consult for salivary gland dysfunction
  - Ophthalmology consult for Epiphora (excessive tearing)
  - Speech consult for voice and swallowing difficulties
  - Consult for fatigue

**RISK REDUCTION/EARLY DETECTION**
- Patient education, counseling, and screening:
  - Lifestyle risk assessment²
  - Cancer screening³
  - HPV vaccination as clinically indicated (see HPV Vaccination Algorithm)
  - Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV Algorithm)
  - Consider cardiovascular risk reduction⁴
  - Vaccinations⁵ as appropriate

**PSYCHOSOCIAL FUNCTIONING**
- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management Algorithm)
  - Social support
  - Financial stressors

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¹Recommend osteoporosis screening based on the National Osteoporosis Foundation Clinician’s Guide 2014 and consider earlier screening as clinically indicated
²See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
³Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate and skin cancer screening
⁴Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
⁵Based on Centers for Disease Control and Prevention (CDC) guidelines

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**DISPOSITION**

Refer or consult as indicated

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SUGGESTED READINGS


This survivorship algorithm is based on majority expert opinion of the Thyroid Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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