

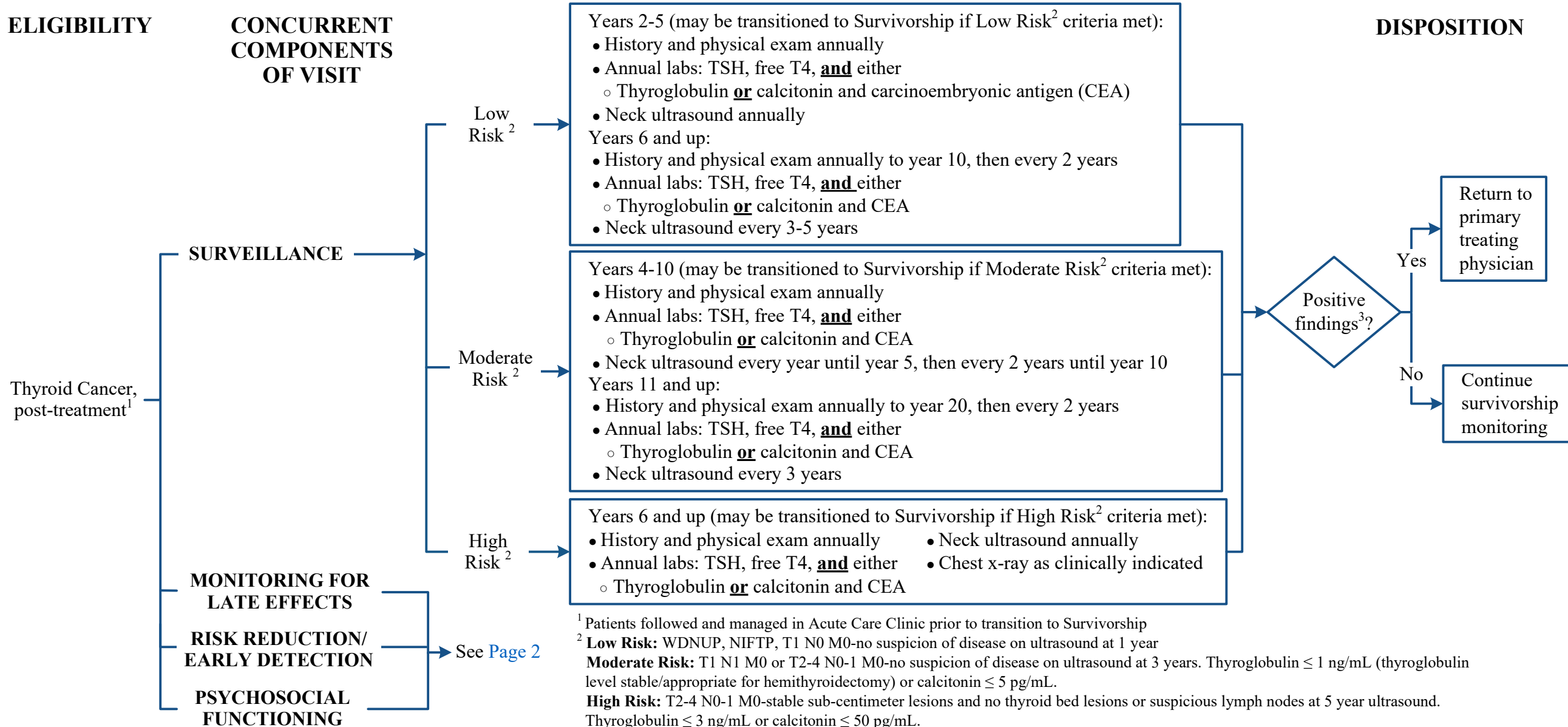
Survivorship – Thyroid Cancer (Includes WDNUP, NIFTP, Papillary, Follicular, and Medullary Carcinoma)

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

DISPOSITION



¹ Patients followed and managed in Acute Care Clinic prior to transition to Survivorship

² **Low Risk:** WDNUP, NIFTP, T1 N0 M0-no suspicion of disease on ultrasound at 1 year

Moderate Risk: T1 N1 M0 or T2-4 N0-1 M0-no suspicion of disease on ultrasound at 3 years. Thyroglobulin ≤ 1 ng/mL (thyroglobulin level stable/appropriate for hemithyroidectomy) or calcitonin ≤ 5 pg/mL.

High Risk: T2-4 N0-1 M0-stable sub-centimeter lesions and no thyroid bed lesions or suspicious lymph nodes at 5 year ultrasound. Thyroglobulin ≤ 3 ng/mL or calcitonin ≤ 50 pg/mL.

³ Positive findings: • Enlarging nodules by ultrasound > 1 cm • Rising tumor markers

• Biopsy or confirmed recurrence • New evidence of metastases

WDNUP = well differentiated neoplasm of uncertain potential
 NIFTP = noninvasive follicular thyroid neoplasm with papillary-like nuclear features

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Thyroid Cancer, post-treatment¹
 (continued from previous page)

MONITORING FOR LATE EFFECTS

- Consider:
- Monitoring bone health²:
 - Osteoporosis screening
 - Adequate calcium and Vitamin D intake
 - Weight bearing and muscle strengthening exercises
 - Dental consult for mouth lesions and dental problems
 - Head and Neck consult for salivary gland dysfunction
 - Ophthalmology consult for excessive tearing
 - Speech consult for voice and swallowing difficulties
 - Consult for fatigue

RISK REDUCTION/ EARLY DETECTION

- Patient education, counseling, and screening:
- Lifestyle risk assessment³
 - Cancer screening⁴
 - Vaccinations⁵ as appropriate
 - HPV vaccination as clinically indicated (see [HPV Vaccination algorithm](#))
 - Screening for Hepatitis B and C as clinically indicated (see [Hepatitis B \(HBV\) Screening and Management](#) and [Hepatitis C \(HCV\) Screening algorithms](#))
 - Consider cardiovascular risk reduction⁶
 - Limit alcohol consumption

PSYCHOSOCIAL FUNCTIONING

- Assess for:
- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
 - Anxiety/depression
 - Financial stressors
 - Body image
 - Social support

Refer or consult as indicated

¹ Patients followed and managed in Acute Care Clinic prior to transition to Survivorship

² Recommend monitoring bone health, based on the National Osteoporosis Foundation Clinician’s Guide to Prevention and Treatment of Osteoporosis 2022.

Consider earlier screening and referral to primary care provider as clinically indicated.

³ See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

⁴ Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#) and [skin cancer screening](#)

⁵ Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

⁶ Consider use of Vanderbilt’s [ABCDE’s approach to cardiovascular health](#)

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DEVELOPMENT CREDITS

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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