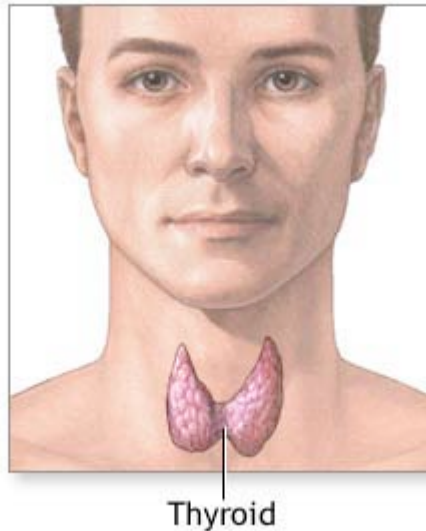


# Thyroid cancer

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## Thyroid gland



### Causes, incidence, and risk factors

Thyroid cancer can occur in all age groups. People who have had radiation therapy to the neck are at higher risk. This therapy was commonly used in the 1950s to treat enlarged thymus glands, adenoids and tonsils, and skin disorders. People who received radiation therapy as children have a higher incidence of thyroid cancer.

Other risk factors are a family history of thyroid cancer and chronic goiter. The disease affects 1 in 1,000 people.

There are several types of thyroid cancer:

- Papillary carcinoma is the most common and usually affects women of child-bearing age. It metastasizes (spreads from the original site) slowly and is the least malignant type of thyroid cancer.
- Follicular carcinoma accounts for about 30% of all cases and has a greater rate of recurrence and metastasis.
- Medullary carcinoma is a cancer of non-thyroid cells in the thyroid gland and tends to occur in families. It requires different treatment from other types of thyroid cancer.
- Anaplastic carcinoma (also called giant and spindle cell cancer) is the most malignant form of thyroid cancer. It is rare, but does not respond to radioiodine therapy. Anaplastic carcinoma metastasizes quickly and invades nearby structures such as the trachea, causing compression and breathing difficulties.

### Symptoms

- enlargement or a nodule of the thyroid gland or neck swelling
- hoarseness or changing voice
- cough or cough with bleeding
- difficulty swallowing

Note: Symptoms may vary depending on the type of thyroid cancer

### **Signs and tests**

A physical examination can reveal a thyroid mass or nodule (usually in the lower part of the front of the neck) or enlarged lymph nodes in the neck.

Tests that indicate thyroid cancer:

- thyroid biopsy showing anaplastic, follicular, medullary or papillary carcinoma cells
- ultrasound of the thyroid revealing nodule
- thyroid scan showing cold nodule (a nodule that does not light up on scan)
- laryngoscopy showing paralyzed vocal cords
- serum calcitonin (for medullary cancer) or serum thyroglobulin (for papillary or follicular cancer), elevated

This disease may also alter the results of the following tests:

- T4
- T3
- TSH

### **Treatment**

Treatment varies depending on the type of tumor.

Surgery is usually the treatment of choice, with usually the entire thyroid gland removed. If the physician suspects that the cancer has spread to lymph nodes in the neck, these will also be removed during surgery.

Radiation therapy with radioactive iodine is often used with or without surgery. Radiation therapy with beam radiation can also be used.

After treatment, patients need to take thyroid hormone to replace what their glands used to make. The dose is usually a little higher than what the body needs, which helps keep the cancer from coming back.

If the cancer does not respond to surgery or radiation and has spread to other parts of the body, chemotherapy may be used, but this is only effective for about a third of patients.

### **Support Groups**

The stress of the illness can often be helped by joining a support group where members share common experiences and problems. See cancer - support group.

### **Expectations (prognosis)**

Anaplastic carcinoma has the worst prognosis (probable outcome). One variety of this cancer, the giant cell type, carries an expected life span of less than 6 months after diagnosis.

Follicular carcinomas are often fast growing and may invade other tissues, but the probable outcome is still good: over 90% of patients are cured.

The outcome with medullary carcinoma varies. Women under 40 years old have a better chance of a good outcome. The cure rate is 40-50%.

Papillary carcinomas are usually slower growing. Most people are cured (over 95%) and have a normal life expectancy.

### **TCM Treatment:**

Thyroid cancer is included in the categories of “zhang ji”, It is the result of a blending disorder of qi, blood, dampness, heat, blood stasis and toxic substance, invasion and retention of exogenous pathogenic factors as well as impairment by emotional upsets with mental depression. The diseased location is the Thyroid.

For severe cases, to focus the treatment methods: activating blood to remove stasis, eliminating mass, purging retains fluid and dissipating stagnant qi.

Generally therapy should be used at same time to strengthen healthy qi and eliminate pathogenic.