Understanding

Cancer of the Thyroid

Caring for people with cancer
Understanding

Cancer of the Thyroid

This booklet has been written to help you understand more about thyroid cancer. It has been prepared and checked by cancer specialists, surgeons, physicists, nurses and patients. The information is an agreed view on thyroid cancer, its diagnosis and treatment and key aspects of living with it.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of any contact names and information you may need.

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<td>Family doctor (GP)</td>
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If you like, you can also add:
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This booklet has been produced by Nursing Services of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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Introduction

This booklet has been written to help you understand more about thyroid cancer. It is divided into four parts.
- **Part 1** gives an introduction to thyroid cancer, including symptoms and diagnosis. It deals with differentiated thyroid cancers as they are the most common.
- **Part 2** looks at the different treatments used and possible side-effects.
- **Part 3** discusses your feelings and the emotional effects of having thyroid cancer. But do bear in mind the very high cure rate.
- **Part 4** gives information on further sources of help and support. This includes helpful organisations, books, support groups and websites.

We hope the booklet answers some of your questions and encourages you to discuss them with your doctors and nurses. The important thing to remember is that thyroid cancer has a very high cure rate. You can lead a full and active life after treatment. If it recurs, thyroid cancer can be treated successfully again.

Reading this booklet

Remember you do not need to know everything about thyroid cancer straight away. It is best to read this booklet if you have received a cancer diagnosis and know which type of thyroid cancer you have. First read a section about a particular item as it happens to you. Then when you feel relaxed and want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the National Cancer Helpline on Freephone 1800 200 700. It is open Monday to Thursday 9am—7pm and Friday 9am—5pm. Or you can also visit a Daffodil Centre if one is located in your hospital. See page 54 for more about Daffodil Centres.

What is cancer?

Cancer is a word used to describe a group of diseases, not just one. There are more than 200 different types of cancer. Each is named after the organ or type of cell in which the cancer first grows. For example, prostate cancer, breast cancer and leukaemia. All cancers are a disease of the body’s cells, which are the building blocks of your body. Normally, cells grow and divide in a controlled way and replace old cells to keep the body healthy. But with cancer, the abnormal cells grow without any control. Groups of abnormal cells can form a growth or tumour.

Tumours can be either benign or malignant. Benign tumours do not spread to other parts of your body but malignant tumours do. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to other tissues and organs in your body. This is called a metastasis or secondary tumour.

What are lymph vessels?

Lymph vessels are part of your lymphatic system, which helps your body defend itself against infection. Like your bloodstream, it carries waste material around your body from your tissues. It is made up of a network of tiny tubes that pass through most of the tissues in your body. These tubes carry lymph, a clear watery fluid that is leaked into your tissues and returned to your body. Along the network are hundreds of small glands and nodes which remove the lymph. They are mainly found in your neck, armpit and groin. Other parts of the lymphatic system include your spleen, thymus, tonsils and bone marrow. Lymph nodes can trap cancer cells and as a result grow bigger and hard.
Understanding cancer of the thyroid

To sum up
- Cancer is a disease of the cells of your body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by your bloodstream or lymph vessels somewhere else. This is called a metastasis or secondary tumour.
- Lymph nodes can help spread cancer cells.

What is the thyroid?
The thyroid is a small gland at the front of your neck shaped like a butterfly. It sits on top of your windpipe and below your voicebox (larynx). The gland has two halves called lobes that are linked by a thin piece of tissue called the isthmus. The thyroid is part of a network of glands that make up your endocrine system. This system makes hormones that help to control various functions in your body. It is common to have lumps called nodules on your thyroid as you get older.

The thyroid makes two important hormones that are released into your bloodstream. These are thyroxine (T4) and triiodothyronine (T3). They affect your heart rate, blood pressure, body temperature, speed at which food is changed into energy (metabolism) and your weight. In fact, every cell in your body depends on these hormones to function normally. For the thyroid to work, it needs a regular supply of iodine. This is mainly found in fish, seafood and dairy products like milk, yogurt and cheese.

Parathyroid glands
Attached to the back of the thyroid gland are four tiny glands. These are called the parathyroid glands and they make a hormone called the parathyroid hormone. This helps to store and use calcium in your body. Parathyroid hormone is especially important in controlling the amount of calcium in your bloodstream.

What is thyroid cancer?
Thyroid cancer happens when cells in your thyroid change and start to grow quickly. They can form a tumour.

How common is thyroid cancer?
Even though thyroid cancer is rare, it is still the most common type of endocrine cancer. Endocrine means glands that release hormones directly into your bloodstream. About 162 people are diagnosed with thyroid cancer each year in Ireland: 117 women and 45 men. The rate of thyroid cancer is rising nowadays. Doctors think this is due to new diagnostic tools that allow them to find small thyroid cancers much earlier.
What causes thyroid cancer?

The exact cause of thyroid cancer is unknown. But there are certain things called risk factors that can increase your chance of developing it. These include:

- **Age:** Thyroid cancer can develop at any age. But most cases occur in people over 40 years.
- **Gender:** If you are female you are more at risk than men.
- **Family history of thyroid cancer:** You are more at risk if a family member has had thyroid cancer.
- **Exposure to radiation:** If you had radiotherapy as a child, you may be more at risk in later life of developing thyroid cancer. If you have been exposed to radiation from a nuclear plant, you can develop thyroid cancer many years later. One example is the people who lived near the Chernobyl reactor in Ukraine after it exploded in 1986.
- **Inherited faulty gene:** You may be at risk if you inherit faulty genes. For example, the RET gene may cause medullary thyroid cancer. Also, the bowel condition called familial adenomatous polyposis (FAP) may lead to thyroid cancer.

Remember an overactive or underactive thyroid does not increase your risk of thyroid cancer. If you think you may be at risk, first talk to your family doctor (GP) about your concerns. He or she may advise you to visit a specialist. If you or a family member is found to have a faulty gene, your doctor might advise surgery to remove your thyroid gland as a precaution.

What are the symptoms of thyroid cancer?

The main symptoms of thyroid cancer are:

- A lump in your neck
- A sore throat
- A hoarse voice that does not get better
- Difficulty in swallowing
- Breathing difficulties

If these symptoms last more than a few weeks, do get them checked out by your doctor.

**Lumps:** Remember most thyroid lumps are not cancer. It is also not unusual for older people to have small lumps called nodules in their thyroid glands. Cancerous thyroid lumps are usually not painful. But a painful lump still needs to be checked out by your doctor. You should also see your doctor if a lump that was previously checked out suddenly gets bigger. If you had radiotherapy to your neck area as a child, do get any lumps in that area checked by a doctor. For example, if you had Hodgkin lymphoma in the past.

**Other symptoms:** With medullary thyroid cancer, you may have unusual symptoms such as frequent loose bowel movements or going red in the face. These symptoms can also be caused by conditions other than cancer. Do visit your doctor to have your symptoms checked out.
How is thyroid cancer diagnosed?

Sometimes thyroid lumps are found by accident when having tests for other medical reasons. But usually a symptom like a lump brings you to your family doctor (GP). Your GP can examine you and arrange further tests if needed. If your GP thinks that cancer is present, you will be referred to a specialist called an endocrinologist. This doctor specialises in treating diseases of the thyroid and other glands in your body. At the hospital the following tests may be done:

- Physical exam
- Blood tests
- Ultrasound scan of neck

**Physical exam:** Your doctor will examine your thyroid gland and feel for any lumps or nodules. He or she will also check your neck and nearby lymph nodes for any swellings.

**Blood tests:** Blood tests may be done to check your general health. Other blood tests will check your thyroid hormone levels. For example, the levels of thyroid-stimulating hormone (TSH) in your blood. This can tell if your thyroid gland is not working well. The level of calcium in your blood will also be checked.

**Ultrasound scan of neck:** This is a scan that uses sound waves to look at your thyroid gland. It checks the size and shape of your thyroid and if any nodules are present. The scan only takes a few minutes. Some gel is first put on your neck and the area is then scanned with a hand-held device. This is called a probe and changes the sound waves into an image of your neck on a computer.

**Fine-needle aspiration:** For this test a small needle is passed gently into the neck lump or swelling to take samples of the cells (biopsy). These cells are then examined under a microscope in the laboratory. Sometimes an ultrasound scanner is used to guide the needle to the right place.

**Thyroid radioisotope scan:** For this test, a small amount of a slightly radioactive liquid (iodine or technetium) is injected into a vein in your arm. After 20 minutes, you lie on a couch and a machine called a gamma camera is placed over your neck. Nodules that have cancer cells do not usually absorb the radioactive liquid as well as normal thyroid cells. As a result, it can show if the nodules are overactive (‘hot’) or underactive (‘cold’).

Waiting for results

It may take some time for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with the nurse or with a relative or close friend. You can also call the National Cancer Helpline on 1800 200 700 and speak to a specially trained nurse, or visit a Daffodil Centre.

To sum up

The following tests are used to diagnose thyroid cancer:

- Physical exam
- Blood tests
- Ultrasound scan of neck
- Thyroid radioisotope scan
- Fine needle aspiration

What are the types of thyroid cancer?

Your doctor will find out your type of thyroid cancer by taking a small sample of cells from your thyroid (biopsy). The most common thyroid cancers are called differentiated.
Differentiated thyroid cancer

This means that the cancer cells have some features of normal thyroid cells. The two most common types, papillary and follicular, together are called differentiated thyroid cancer.

■ Papillary thyroid: This is the most common type, affecting about 4 in 5 people with thyroid cancer. It is more common in women and often occurs between the ages of 35 and 45. Even though the cancer cells grow slowly, they often spread to the lymph nodes in your neck.

■ Follicular thyroid: This is the second most common type, affecting about 1 in 5 people with thyroid cancer. It is less common, grows slowly and is usually found in slightly older people. Follicular cancer can spread to lymph nodes in the neck first. It is also more likely to grow into blood vessels and then spread to distant areas, particularly your lungs and bones. Hürthle cell cancer is a type of follicular thyroid cancer.

Less common types

■ Medullary thyroid: This is a very rare type of thyroid cancer that often runs in families. It can be linked to faulty genes like RET. The cancer develops in the C cells of the thyroid, which make the hormone calcitonin. If it occurs in your family, you and your family members should get checked out regularly by your GP.

■ Anaplastic thyroid: This is a very rare cancer, most commonly found in older people. The cancer cells look very different from normal thyroid cells. It grows quickly and can be difficult to treat.

There are other more rare types too, such as thyroid lymphomas or thyroid sarcomas. They are treated in a different way. This booklet deals mainly with differentiated thyroid cancer.

If you have a less common type of thyroid cancer, your doctor will explain it to you fully. For more information, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

What are the stages of thyroid cancer?

Cancer cells can spread through your bloodstream or lymph vessels. The stage means finding out the size of the cancer and if it has spread or not. By knowing the particular type and stage of the thyroid cancer, it helps your doctors to decide on the best treatment for you.

Tests to stage cancer

Scans like CT, MRI and PET give some information about the stage. Often it is not possible to fully stage your cancer until after your surgery. Depending on your diagnosis, your doctor might arrange for these tests or not.

CT scan: This is a special type of X-ray that gives a detailed picture of the tissues inside your body. The scan itself is painless. For a CT scan of your thyroid, you might need to fast from midnight before the test. You might also be given a special drink to help show up parts of your body on the scan. Preparation for a CT scan can vary but your doctor or nurse will explain more about it. The test is usually done as an outpatient. Some people feel anxious about this test and are afraid they may feel claustrophobic during it.
If you are anxious about this, contact the radiographer the day before. They may be able to give you medication to relax you on the day.

**MRI scan:** This is a special scan that uses a magnetic field and radio waves to build up a picture of the tissues inside your body. It does not hurt but can be very noisy. But you will be given earplugs to wear during it. You might get an injection before the scan to show up certain parts of your body. During the scan you cannot wear any metal jewellery.

If you have any medical device implanted, like a pacemaker or pin, you may not be suitable for the test. Usually you can go home afterwards.

**PET scan:** PET stands for positron emission tomography. This scan is not routinely needed to stage thyroid cancer. In certain circumstances it can give your doctor some more information about your thyroid cancer. Your doctor will explain why you need it. PET uses radioactive sugar to measure the activity of your cells. This sugar is first injected into your arm and travels to all the cells in your body. Because cancer cells absorb large amounts of the sugar, there will be more radioactivity where the cancer cells are found. After an hour, the scan is taken and can show if the cancer has spread to other tissues and organs. Before the test, you may have to fast for a few hours. The scan itself may take up to 1 hour.

### Staging the cancer

There are different ways of staging thyroid cancer. The two main ways are the TNM system and numbers system, but your doctor might also use a different method. For example, the American Thyroid Association update their guidelines regularly as well.

**Numbers system:** In general, the stages are numbered 1 to 4. The higher the stage the more serious the disease. The different types of thyroid cancer can have different stage numbers, depending on your age, or they may omit certain stages. For example, there is no stage 2 or 3 for papillary or follicular cancer in people under 45.

**TNM system:** TNM stands for tumour, node and metastasis. The system describes the size of a primary tumour (T), if there are lymph nodes with cancer cells or not (N), and if the cancer has spread to a different part of your body or not (M).

**More information**

If you would like more information on diagnosis and staging, talk to your doctor or nurse. You can also call the National Cancer Helpline on 1800 200 700 and speak to a specialist nurse or visit a Daffodil Centre.
Treatment and side-effects

How is thyroid cancer treated?

This booklet focuses on the treatment of differentiated thyroid cancer only. Medullary, anaplastic and lymphoma thyroid cancers are treated differently. In Ireland, thyroid cancer is treated at specialist cancer centres. There, a team of doctors will decide the best treatment for you once all your test results are available. The type of treatment you receive will depend on:

- The type of thyroid cancer
- The size of the cancer
- If it has spread or not
- Your age and general state of health

Types of treatment

More than likely you will receive more than one type of treatment. The following treatments can be used for thyroid cancer:

- Surgery
- Radioactive iodine therapy
- Thyroid hormone therapy

Most patients with differentiated thyroid cancer are treated successfully with surgery, radioactive iodine or both. Each patient is treated individually. You will have a different risk of the cancer returning than another patient. As a result, your doctor will balance the risk of the cancer returning and giving you suitable treatment.

Surgery: The most important treatment for thyroid cancer is surgery. Surgery to remove all or part of your thyroid is known as a thyroidectomy. Usually this cures the cancer, especially when found early. After surgery, you will need thyroid hormone therapy or radioactive iodine therapy. See page 20 for more details on surgery.

Radioactive iodine therapy: Some patients might need radioactive iodine therapy after their surgery. It can destroy tiny amounts of normal thyroid tissue or cancer cells, if any, left behind after surgery. As a result, it reduces the risk of the cancer recurring or spreading elsewhere. It is also called radiiodine or internal radiotherapy. See page 25 for more details.
**Thyroid hormone therapy:** Most patients receive thyroid hormone therapy after surgery. Once your thyroid gland is removed, you can no longer make thyroid hormones, so you will need to replace them by taking medication for the rest of your life. It is not a cancer treatment as such. See page 31 for more details.

**Treatment of less common or advanced thyroid cancers**

Less common or advanced thyroid cancers might be treated in the following ways:

**External beam radiotherapy:** This is the use of high-energy X-rays to destroy the cancer cells or slow their growth. The radiation comes from a machine called a linear accelerator. External radiotherapy might be given as a treatment for thyroid cancer that cannot be removed with surgery. It can also be given to shrink thyroid cancer that has come back after being treated, or not completely cured by surgery or radioactive iodine therapy. It can also be given for thyroid cancer that has spread to another part of your body.

**Chemotherapy:** Chemotherapy is the use of drugs to cure or control cancer cells. It might be used if the cancer returns or has spread to other parts of your body.

**Biological therapies:** These are drugs that use your body's immune system to fight cancer. There are many different types, for example, tyrosine kinase inhibitors. They can block the growth of cancer cells by interfering with molecules needed for the cancer to grow.

Your doctor and nurse will explain these treatments in more detail if you need them. For more information, you can also contact the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. Ask for a copy of the booklets, *Understanding Radiotherapy* or *Understanding Chemotherapy*. You can also download them from www.cancer.ie

**Deciding on treatment**

It is natural to be anxious about what will happen next. Do not be afraid to ask for more information.

**Treatment options:** Your doctor and nurse will explain your treatment options to you. Do ask as many questions as you like, no matter how small or trivial you think they are. All questions are important. You could use the fill-in page at the back of this booklet for your questions and answers.

**Time to think:** When faced with a serious illness, it can be hard to decide what the right treatment is for you. It may feel as if everything is happening too fast. You may feel under pressure to make a decision. You might want more time to think things through. But remember there is always time for you to consider what sort of treatment you want.

**Second opinion:** You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your doctor will refer you to another specialist for a second opinion if you feel this would be helpful.

**Accepting treatment:** You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you want to refuse treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully informed of the benefits and risks.

Your doctor will discuss your treatment options with you.

**Giving consent for treatment**

You may be asked to sign a consent form saying that you give permission for the treatment to take place. No medical treatment can be given without your consent. Before treatment, you should know:

- The type of treatment you are advised to have
- The benefits and risks of the treatment
- Any other treatments that may be available
- Any major side-effects of the treatment

If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once.
Understand cancer of the thyroid

Surgery

Surgery is the most common treatment for thyroid cancer. The operation to remove the thyroid gland is called a thyroidectomy. Usually all of the gland is removed but sometimes only one lobe is removed. Surgery to remove nearby lymph glands may be done at the same time.

Total thyroidectomy: A total thyroidectomy removes the entire thyroid gland or as much of it as possible. This reduces the chances of the cancer coming back. A small cut in the centre of your neck is usually made to get directly at your gland. If any tissue is left behind after surgery, you might need radioiodine therapy later.

Lobectomy or partial thyroidectomy: When one lobe of the thyroid is removed it is called a lobectomy. Sometimes it may be possible to remove just the affected lobe.

Lymph node removal: Your surgeon might remove some or all of the lymph nodes close to your thyroid gland. These can be examined under a microscope to see if cancer has spread to them or not.

Removing the lymph nodes is called a lymphadenectomy or a neck dissection. As many as possible of the nodes are removed to prevent the cancer from coming back.

More surgery: Sometimes it is not possible to diagnose thyroid cancer before surgery. In this case, your surgeon will remove the affected lobe so that it can be examined under a microscope. If the diagnosis of cancer is confirmed, the remaining lobe can be removed during a second operation. Your surgeon might need to remove some of the tissues in the area around the thyroid gland if you have anaplastic thyroid cancer or if the cancer has begun to spread outside the gland.

Tracheostomy: Rarely, if you have breathing difficulties, your surgeon might have to remove part of your windpipe (trachea) and make an opening in your throat to allow you to breathe. This surgery is called a tracheostomy.
New methods of thyroid surgery

With advances in technology new methods of thyroid surgery are developing. It is possible to remove your thyroid using keyhole surgery, where a much smaller cut is made in your neck than in regular surgery. Special surgical instruments and a small video camera can be placed in the wound to guide your surgeon when removing the gland. This is called an endoscopic thyroidectomy.

The thyroid can also be removed using robotic surgery. In a robotic thyroidectomy a cut is made in your chest, armpit or high in your neck. This means you will not have a scar in the centre of your neck. These two new methods are available in specialist centres only and may not yet be available in Ireland.

Before surgery

Discussions with your surgeon: Your surgeon will explain what to expect after surgery and any scarring that will happen. If you are worried about scarring, do talk to your surgeon. Your scar is likely to be in the middle of your neck but will be neat and hardly noticeable. Do discuss your surgery fully with your surgical team. It can help to make a list of your questions before you go into hospital.

Tests: You will need extra tests to make sure you are strong enough for surgery. Thyroidectomy and lobectomy are operations that can last several hours and need long anaesthetics. The tests beforehand may include a chest X-ray, heart tracing (ECG) and blood tests. An anaesthetist will also examine you to make sure you are fit for surgery.

Smoking: Do stop smoking for at least one week before your surgery. Smoking can cause chronic irritation to your airways. This could lead to a lot of coughing with a risk of bleeding and pain after surgery. It can delay your wound healing as well. If you would like help in quitting smoking, call the National Smokers’ Quitline on CallSave 1850 201 203 or visit the website www.quit.ie

Exercises: A physiotherapist or nurse will show you how to do special exercises. These will involve deep breathing and leg exercises.

They will help to prevent you getting a chest infection or a blood clot after your surgery.

Skin marks: The skin on your neck will be marked, especially if only one lobe is to be removed.

Fasting: You will not be allowed to eat or drink anything from midnight before your surgery.

Preventing clots: Depending on your surgeon or the hospital, you may get an injection of an anti-clotting drug before surgery. For example, heparin. You might also get a course of it afterwards. This is to prevent a clot forming in your legs after surgery as you will be less mobile for a few days.

After surgery

Drips and drains: You will have a drip for about a day or so to replace any lost fluids. Once you can eat and drink again, this will be removed. One or two tubes will drain fluid from your wound as well. These are usually removed after about 2 days. Sometimes clips are used instead of stitches to close the wound. These will be removed before you go home.

Pain and discomfort: You will be given painkillers if you have any discomfort after your surgery. Let your nurse know if they are working well enough or not. They can be changed to something a little stronger if needed.

Mobility: To help you breathe easily and reduce any swelling, your nurses will make sure you are lying in a semi-upright position. You will also be encouraged to start moving about as soon as possible afterwards. Keep doing your regular leg movements and deep breathing exercises even when in bed. The physiotherapist can help you with these and offer advice.

Eating and drinking: For a short while after your surgery you may find it difficult to swallow. It is best to try a soft purée diet at this time. Your nurses or hospital dietitian will discuss this with you before you go home. Do take a balanced diet. For more information and ideas about recipes, see the booklet Diet and Cancer. Call the National Cancer Helpline on 1800 200 for a copy, visit a Daffodil Centre or download it from www.cancer.ie
What are the side-effects of surgery?
You may experience some of the following after thyroid surgery:
■ Hoarse voice
■ Change in calcium levels
■ Tiredness
■ Scarring

**Hoarse voice:** Your voice can sound hoarse and weak at first after the surgery. Sometimes there may be slight damage to the nerves to the voicebox (larynx). This can make your voice sound hoarse and weak. In most cases it a temporary problem, but it can be permanent for a very small number of people.

**Change in calcium levels:** If there is damage to your parathyroid glands during surgery, the calcium levels in your blood may drop later. This is called hypoparathyroidism. You will have regular blood tests to check the calcium levels in your blood. If needed, your doctor will prescribe calcium, and possibly vitamin D, for you until the levels are normal again. If you experience muscle cramps, numbness or tingling in your hands, feet or around your mouth, do let your nurses know.

**Tiredness:** It is common to feel tired or weak for a few weeks after your surgery. The time it takes to heal is different for everyone. For more information on dealing with tiredness, see the booklet *Coping with Fatigue*. Call the National Cancer Helpline on 1800 200 for a copy, visit a Daffodil Centre or download it from [www.cancer.ie](http://www.cancer.ie). See also page 34.

**Scarring:** It is natural to be worried about scars after surgery. You will have a small scar across the front of your neck just above your collar bone. The scar will look red or dark at first but will fade with time. It is usually very neat and hardly noticeable.

Replacement therapy
After surgery, you will no longer have a thyroid gland to make the hormones your body needs. As a result, you will need to take thyroxine tablets. This is called thyroid hormone therapy or hormone replacement therapy. Regular blood tests will be done to make sure that your thyroid hormone levels are correct. See page 31 for more details.

Going home
If all goes well after the surgery, you can usually go home after 2 or 3 days. If you live alone or have problems getting around the house, talk to the medical social worker or nurse once you are admitted to the ward. That way, they can organise any community services you may need after you leave hospital. On the day you go home, you will be given an appointment to come back for a check-up, usually for about 6 weeks later.

If you would like more information on surgery, do talk to your doctor or nurse. You can also call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

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Radioactive iodine therapy
You might receive radioactive iodine therapy after your thyroid surgery. This is also known as radiiodine therapy or thyroid remnant ablation. Your doctor will let you know if you need it or not, based on international guidelines. It usually depends on the size of the cancer that was removed and the risk of it coming back.
This therapy can destroy tiny amounts of normal thyroid tissue or cancer cells, if any, left behind after surgery. It is usually given after surgery for papillary or follicular thyroid cancer. You may have to wait several weeks to recover after surgery. You will be referred to a specialist centre for this treatment. Remember not all patients need radioactive iodine therapy.

**Preparing for treatment**

**High TSH level:** You will need a high level of thyroid-stimulating hormone (TSH) in your bloodstream for the treatment to be a success. This hormone activates thyroid cells and encourages them to absorb the radioactive iodine. There are two ways to do this, either by stopping your hormone therapy or by giving you injections of TSH before treatment.

- **Stopping hormone therapy:** Your doctor might ask you to stop taking your levothyroxine about 4–6 weeks before the therapy. This is because these hormones stop TSH from being made. Stopping the hormone therapy can make you feel more tired, but this will ease once the medication is resumed. Usually only a small number of patients are asked to stop taking their hormone therapy.

- **Taking recombinant TSH:** More than likely you will continue on your hormone therapy and be given recombinant human TSH (rhTSH). The drug is given as two injections into your buttocks over 2 days before the iodine capsule is taken. The drug itself is known as thyrotropin alfa (Thyrogen®). It will boost the level of TSH in your body to make sure the therapy works. It is rare to experience side-effects of rhTSH. If they do occur, you might have fatigue, nausea or headaches.

**Low-iodine diet:** Your doctor or nurse may advise you to limit the iodine in your diet for 2 weeks beforehand. By starving your body of iodine, it will be more willing to take up the radioactive iodine. Limiting iodine in your diet is usually not a problem in Ireland as most people have low levels anyway. Iodine is mainly found in fish, seafood, eggs, and dairy products like milk, yogurt and cheese. Do not stop taking these foods but reduce them instead. Your nurse can give you more advice. It can also help to eat a healthy balanced diet, which is high in fibre.

**Avoid certain foods and supplements:** In the 2 weeks before you come into hospital, avoid the following:

- Cough medicine
- Iodised tablet salt
- Sea salt
- Vitamin supplements
- Mineral supplements
- Canned and glacé cherries
- Salami, pastries and red-coloured sweets

**Pregnancy and breastfeeding:** It is very important that you do not become pregnant or father a child during this treatment and for 6 months afterwards, unless advised longer by your doctor. Do use a reliable method of contraception before you start treatment. If you are pregnant, you cannot be given radioiodine treatment. For this reason, you must tell your doctor if you are pregnant or think you might be. A pregnancy test will be done, even though it will not be accurate if you are in very early pregnancy (first 2 weeks). If you are breastfeeding, you must stop a couple of days before your treatment. In fact, it is best if your child is weaned before treatment, or postpone it until your baby is weaned. This issue can be discussed with your doctor at the planning stage to make sure you and your baby are kept safe. It is not safe to start breastfeeding again after your treatment, but future pregnancies and breastfeeding will not be affected.

**What to bring to hospital?** You can bring in old clothes, pyjamas and slippers, but they may have to be left behind when you leave or be collected at a later date. You can also bring books and magazines or anything to help pass the time. It is best not to bring valuable items that might have to be left behind. Usually there is a TV, radio, CD player, DVD player, and computer in the special room where you will be staying. Your nurse will give you more information on what to bring.

**What’s involved?**

Special care must be taken with this treatment. You will be admitted to a specialist centre to receive it. Before treatment you will be brought to a private room with an ensuite where you will stay for a few days. Usually this is a side room away from the main ward. All your meals will be brought to this room. You will be asked not to leave the room once you have been given the treatment and to stay there until you go home.
The treatment uses radioactive iodine called iodine-131 but it does not hurt. It is usually given as a small capsule to take with a glass of water. The radioiodine goes into your bloodstream and travels to thyroid cells in your body. The thyroid cells absorb the radioiodine and it kills them. No harm comes to other cells in your body as they do not absorb the radioiodine. The treatment can be repeated if thyroid cells are still present.

Nursed in isolation
The therapy makes you radioactive for a few days. Because of this, you will need to be nursed in isolation for up to 5 days. You must stay in your room until the radioactivity has reduced to a safe level. It is gradually lost from your body in your urine, stools, blood, saliva and sweat. It is best to drink lots of fluids as this will get rid of it quicker.

The medical physicist will measure your radiation levels every day to make sure they have dropped to a safe level. Usually after 3 days you will be allowed home. A large amount of radiation will be gone from your body by then. Usually a whole body scan is done before you go home or the following week. You will be advised by the medical physicist on further precautions needed at home. These follow international guidelines.

Safety precautions: There is a chance that the hospital staff and your relatives and friends might be exposed to the radiation. Because of this, certain safety precautions are taken while the radioiodine is still in your body.

- Lead screens may be placed on either side of your bed or in the doorway to block any radiation.
- No visitors are allowed for the first 24 hours. After that they are only allowed in your room for a short time each day, one at a time.
- Children under 14 and pregnant women will not be allowed to visit you.

Your own hospital might have other precautions not listed here. These will be explained to you in more detail before your treatment.

Feeling isolated: It is natural to feel isolated, afraid and even depressed at this time, especially when you want people around you.

Do let your nurses know if you are feeling this way. By voicing your worries, it can help a great deal. Do ask questions about your treatment too, as it can reassure you to know what is happening next. Usually there is a telephone in the room that you can ring family and friends and which they can ring you.

Are there any side-effects?
As mentioned above, you will be radioactive but only for a few days.

Tiredness: You might also feel tired, especially if your thyroid hormone therapy has been stopped. See page 34 for more about coping with fatigue.

Swelling: The radioiodine might cause a slight swelling under your jaw or salivary glands. This does not last long and can be eased by sucking on sharp-tasting sweets like lemon drops.

Other side-effects: Your doctor and nurse will let you know about any other side-effects that you might experience. Some are rare like pain, feeling breathless, a dry mouth, or altered taste. Do ask your doctor and nurse for more advice.

Going home
Usually you can go home after about 3‒5 days. Your doctor, medical physicist and nurse will give you advice about any precautions to take at home. They will let you know when your doctor wishes to see you again. You might have to return the following week for a whole body scan to check if all the thyroid cells are gone.

You will have some radioactivity left in your body after you go home, but it will reduce gradually.

Hints & Tips – precautions at home during the first 2 weeks
- Avoid close contact with people.
- Keep a distance of at least 3 feet (1 metre) from everyone. Double this amount for pregnant women and young children.
Travelling abroad
Do talk to your medical physicist before leaving hospital if you are planning to travel. You may face some restrictions. You will be given a letter for airport authorities in case the security scanners pick up any radioactivity. If you would like more information on radioiodine therapy, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

To sum up
- The thyroid cancer cells pick up the radioactive iodine in your bloodstream to make sure there are no thyroid cells remaining after surgery.
- The treatment uses a radioactive form of iodine called iodine-131.
- It is given as an inpatient.
- There are some safety precautions to be followed with this treatment after you go home.
- You will only be radioactive for a period of time.

Thyroid hormone therapy
Hormones help to control various functions in your body. After surgery to remove your thyroid gland, you will need thyroid hormone. This hormone is given for two reasons. First, you will need to replace the natural thyroid hormone now that your thyroid gland is gone or partially gone. Second, thyroid hormone therapy reduces the amount of thyroid-stimulating hormone (TSH) in your body. As a result, it stops or deactivates any surviving thyroid cells from working and cancer recurring.

Thyroid hormone replacement
The usual thyroid hormone replacement drug is thyroxine, which is also called T4. It is often started after surgery or radioiodine therapy. You will be given this replacement drug for life. For example, levothyroxine sodium (Levothroid® or Synthroid®).

Without these hormones you would develop signs and symptoms of an underactive thyroid. This is called hypothyroidism. Signs of it include weight gain, tiredness, dry skin and hair, and physical and mental slowness. Most people only need to take the drug once a day but at the same time. It may take some months to find the correct dosage for you. As a result, you will have blood tests to check your hormone levels regularly.

Thyroid hormone preventing cancer
For many patients, an important part of treatment is keeping TSH levels low. TSH is made by the pituitary gland in your brain and it deactivates the thyroid cells. In that way, it prevents thyroid cancer developing. By giving higher than normal doses of thyroid hormone, TSH levels can be kept very low. This is also known as TSH suppression. You may be given thyroid hormone if only part of your thyroid gland is removed. TSH will be kept low for at least 1 year after radioactive iodine therapy or until you complete the surveillance testing.

Side-effects of treatment
Although thyroid hormone therapy seldom cause side-effects, too much thyroid hormone may lead to weight loss, and feeling hot and sweaty.
It may also cause a fast heart rate, chest pain, cramps and diarrhoea. In the long term, it can cause weak bones (osteoporosis). Too little thyroid hormone can cause weight gain, feeling cold and tired, and dry skin and hair. If you have any side-effects, do tell your doctor or nurse. Your doctor can do a blood test to make sure you are getting the right dose of thyroid hormone.

More information
If you would like more information on thyroid hormone therapy, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

To sum up
- Thyroid hormone therapy is usually given for two reasons.
- It replaces the natural thyroid hormones that can no longer be made after surgery to remove your thyroid gland.
- It slows down the growth or recurrence of thyroid cancer.
- Without thyroid hormones, you would develop signs and symptoms of an underactive thyroid.
- Signs of an underactive thyroid are weight gain, tiredness, dry skin and hair, and physical and mental slowness.
- More than likely you will need to take hormone therapy for life.

What follow-up do I need?
After treatment, you will need to come back for regular check-ups. This is called follow-up or surveillance. Even though thyroid cancer has a very high cure rate, you will need follow-up for life. But if the thyroid cancer recurs, it can be treated successfully again. Your doctor will always be checking the risk of recurrence in your case, as the months and years go by. Any changes in your health can be noted at these check-ups and treated if needed.

How often? At first these visits to your doctor will be quite often, but gradually become less frequent. If you receive radioiodine, you will see your doctor after 6 weeks and then every 3 months. You may need yearly check-ups if the risk of cancer coming back is low, and every 6–12 months if the risk is higher.

Thyroid cancer surveillance
An important part of your follow-up is called thyroid cancer surveillance. This check-up takes place about 9 months to 1 year after your treatment. The aim of this check-up is to prove the absence of disease. You may have some or all of these tests:
- Blood tests, including thyroglobulin
- Ultrasound scan of your neck
- Injection of the hormone Thyrogen®
- A full body scan using radioiodine

Thyroglobulin: A blood test to check your levels of thyroglobulin will be done regularly if you had papillary or follicular thyroid cancer. Thyroglobulin (Tg) is a protein made only by thyroid cells. So you should have little or none of it in your bloodstream after surgery and treatment. Giving a replacement hormone (rhTSH) encourages your thyroid cells to make thyroglobulin. So this test can measure if you are reaching the target levels of TSH. Thyroglobulin only becomes accurate 3 months after surgery or treatment and can be measured then.

If the cancer comes back, the thyroglobulin becomes positive long before the cancer causes symptoms. Before a thyroglobulin test or whole body scan, you might need a dose of TSH or need to stop taking your thyroid hormones for about 6 weeks. Your doctor and nurse will give you more information and advice. About 1 in 5 patients will have thyroid antibodies in their bloodstream which makes the test less reliable as a result. Even so, your doctor will use other ways to manage your condition.

Once the tests are over, an appointment will be made for your next visit to your doctor.

Problems or concerns: By having regular follow-up, your doctor can check for any signs of recurrence. If you are between check-ups and have a symptom that is worrying you, let your doctor know. For example, if you have problems taking your hormone therapy. Make an appointment to see him or her as soon as possible.
What happens if the cancer returns?

If the cancer does come back, it can be picked up quickly and treated again. Your doctors will discuss the best treatment options with you. It might include more radioiodine therapy, surgery, TSH suppression and hormone replacement therapy. Your doctor will give you more advice about these treatments if needed.

If the cancer has spread to other tissues and organs, TSH suppression, surgery, external radiotherapy, chemotherapy or biological therapies might also be considered. These biological therapies or targeted therapies may be given as part of a clinical trial. See page 37 for more details.

How can I cope with fatigue?

You may experience tiredness or fatigue after your surgery or radioiodine therapy. Fatigue is ongoing tiredness often not relieved by rest. The anxiety of a cancer diagnosis can sometimes lead to fatigue over time. If you are feeling worried, you might also find it hard to sleep at night. Do tell your doctor or nurse, who may be able to help. Also, try talking to your family or close friends about your concerns. If you find this difficult, ask to see a counsellor. He or she will help you to find ways to cope.

If you are able for physical exercise, do get some regularly. For example, a 30-minute walk 3 days a week might be a realistic goal and will boost your morale when you achieve it. Get others to help you around the house, with travelling to hospital, at work, with the children or with shopping. Use the extra free time to do something that you especially enjoy.

A helpful booklet called *Coping with Fatigue* is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy or visit a Daffodil Centre. You can also download a copy from [www.cancer.ie](http://www.cancer.ie)

Tips & Hints – fatigue

- Stop before you get overtired.
- Build rest periods into your day. If you are going somewhere special, have a rest before you go out.
- Save your energy for doing the things you most enjoy.
- Ask for help at work or at home, especially with cooking, housework or childcare.
- Keep your energy for eating. Eat little and often and use ready-made meals or snacks.
- Wear clothes that are easy to put on and take off.
- Sit down when getting dressed or doing household jobs such as ironing, etc.
- If you find it hard to sleep, make sure your bedroom is quiet and not too hot or cold.
- Do some gentle exercise each day. Ask your doctor or nurse for advice.
- Go to bed each night at the same time. Each morning get up at same time and do not lie in.
- Use relaxation techniques to get to sleep: gentle exercise, relaxation tapes, etc.
- Avoid stimulants before bedtime, such as alcohol, coffee, tea, coke or chocolate.

Will treatment affect my sex life and fertility?

Sex and sexuality

Treatment can affect your sex life, especially the need for contraception. If you are having radioiodine therapy, you will need to use a reliable method of contraception during it and for 6 months afterwards. Also, you will have to limit any intimacy between you and your partner to half an hour for at least the first 2 weeks.

Coming to terms with a cancer diagnosis can take a while too. Even though the cure rate for thyroid cancer is very high, your emotions can
be turned upside down. It can be hard to relax too when you have a lot of worries on your mind. You may also be feeling tired from the effects of treatment or stopping hormone therapy. As a result, you may lose interest in sex. This is all quite normal.

If you have a supportive partner, you may find that talking about your feelings may ease your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. If you still find it hard to express your feelings to your partner or a close friend, talk to your doctor or nurse. They may refer you for specialist counselling if you feel that would be helpful.

There is no set time for you to be ready to have sex again. It varies from person to person. You may find too that it will be some weeks before you feel well enough to have sex again after surgery. Naturally it is best to avoid sex in the period immediately after radioiodine therapy too. Once you return to your usual routines, your interest in sex is likely to return too.

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this. It is quite safe for you to have sex again with your partner.

**Fertility**

The treatment for differentiated thyroid cancer is unlikely to affect your fertility in the long term. If you are a woman, your periods might stop or become irregular for several months after radioiodine therapy, but this is only temporary. Many people, especially younger patients, go on to have normal pregnancies and births.

For men, radioiodine may affect their sperm count and levels of testosterone briefly. But you will be able to father a child. It is best to wait at least 6 months after treatment before you go ahead. If you need repeated radioiodine therapies, you do have the option of sperm banking.

Chemotherapy can affect fertility, but this treatment is rarely used for thyroid cancer. You might have the option of freezing your eggs or sperm beforehand at the HARI Unit in the Rotunda Hospital in Dublin. See page 57 for contact details. For more information, do talk to your doctor and nurse. You can also contact the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

**Pregnancy**

It is not uncommon to be diagnosed with thyroid cancer when pregnant. In this case, your doctor will discuss all your options with you. For example, whether treatment can be delayed until after you deliver the baby or not.

**Research – what is a clinical trial?**

Research into new ways of treating thyroid cancer goes on all the time. By using new drugs or new combinations of drugs and treatments that are already in use, doctors can find new and better ways of treating it. Many patients with cancer take part in research studies today. Even though the word ‘research’ or ‘new drug’ sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use.

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about thyroid cancer and new treatments. There is no need for worry as you will be carefully monitored during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available.

Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood. For a factsheet called *Cancer and Clinical Trials*, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. You can also download it from [www.cancer.ie](http://www.cancer.ie)
Cancer and complementary therapies

There is great interest today in complementary treatments for cancer. Some people find them helpful and beneficial during their illness. The way cancer is treated often depends on the culture of the country you live in. In Ireland cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted. You may hear about the following types of treatments or therapies.

Conventional therapies

Conventional therapies are treatments that doctors most often use to treat people with cancer. These include surgery, radiotherapy, chemotherapy, hormone therapy and biological therapies. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:

- Acupuncture
- Aromatherapy
- Gentle massage
- Hypnotherapy
- Acupuncture
- Meditation
- Music, art and dance therapy
- Nutrition therapy
- Reflexology
- Relaxation
- Shiatsu
- Visualisation
- Yoga

Many people find complementary therapies helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that it can often bring. Some complementary therapies also focus on the spiritual dimension of a person to aid healing.

Alternative therapies

Alternative therapies are generally treatments that are used instead of conventional treatments. These therapies include diet therapy, megavitamin therapy and herbalism. Most doctors do not believe that such treatments can cure or control cancer.

If you decide to have complementary or alternative treatments...

Before you decide to change your treatment or add any methods of your own, do talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, do talk openly with your GP or cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don’t be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don’t be misled by promises of cures. At present in Ireland, this area is not fully regulated. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients. If you would like a copy or more advice, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. You can also download a copy from www.cancer.ie.
Understanding cancer of the thyroid

Coping and emotions

How can I cope with my feelings?

Being told you have thyroid cancer can naturally come as a shock. But remember it has a very high cure rate. Often the biggest challenge is living without your thyroid gland. Even so, it is natural to worry if the cancer will return.

There are many reactions when told you have cancer. Reactions can often differ from person to person too. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until the later stages of your treatment that your emotions hit hard.

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. A helpful booklet that discusses them in detail is called Understanding the Emotional Effects of Cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy or visit a Daffodil Centre. Your medical social worker in the hospital is also available to support you.

If you like, you can also contact a patient support group like Thyroid Cancer Support Ireland. See page 57 for details.

Common reactions include:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation
Shock and disbelief

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are totally shocked when it does. Even if your doctor and nurse discuss the cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you cannot yet believe what is happening to you.

Fear and uncertainty

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. But remember the cure rate of thyroid cancer is very high. One way to reduce the stress of uncertainty is to make your plans day by day. Letting go of the past and not worrying about the future allows you to live fully in the present.

You may also have fears that your experience of cancer will change who you are or that people will reject or avoid you. You may also have practical worries and fears about the effect of your illness on your family, finances, job, and lifestyle. Do discuss your concerns with your doctor, nurse or medical social worker, as they can advise and help you. If living with uncertainty overwhelms you, it may help to talk to someone in a support group.

Loss of control

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom. Because you don’t know enough about cancer at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident making any decisions about your treatment. When you experience a loss of control, it can lead to feelings of helplessness. You may also feel that you will be unable to cope with your treatment or that you will ‘fall to pieces’ or ‘go crazy’. You may even lose hope.

It takes a while to know what is within your control and what is beyond it. Finding out as much as possible about your illness can help you regain some control. Taking an active part in making decisions about your treatment can also help you feel more in control of your illness.

Sorrow and sadness

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you’ve let down, and for any changes to your body due to treatment. Depending on your type of cancer, your life may be affected by treatment to varying degrees. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

Denial

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem unusual, it is a valid way of coping. As a result, you may not wish to mention or discuss your illness. Or else you may talk as if your illness is nothing serious. Denial may last for some time, depending on how long it takes for you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you don’t want to hear any information about your cancer until you’re ready.
Understanding cancer of the thyroid

**Blame and guilt**

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. As cancer experts rarely know exactly what has caused cancer, there is no good in blaming yourself. Other times, people feel guilty because they delayed going to the doctor with their symptoms, fearing the worst. No matter what the reason, don’t torture yourself at this time.

Don’t feel guilty if you can’t keep a positive attitude, especially when you feel unwell. Low periods are to be expected. There is no evidence at all that your attitude will affect your health or cancer. Regret and guilt serve no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

**Withdrawal and isolation**

It is true that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may want to be left alone and withdraw from people. It is normal to want to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. However, it is not a good idea to spend long hours on your own every day. Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for them, as they will want to share this difficult time with you. They may worry about you needlessly. Do let your family and friends know that you will talk to them once you are ready.

If you would like more information on how to talk about your cancer, there is a useful booklet available called *Who Can Ever Understand? Talking about Your Cancer*. If you would like a copy, call the National Cancer Helpline on 1800 200 700, visit a Daffodil Centre or download it from [www.cancer.ie](http://www.cancer.ie)

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**Anger**

It is normal too to be very upset when told you have cancer. Many aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with God for allowing cancer to occur. You may vent your anger on those closest to you. Indeed being unable to protect the ones you love may frustrate you a lot.

Your family and friends may not always be aware that your anger is really at your illness and not at them. It may be helpful to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

**Resentment**

It is natural that you might be resentful and unhappy – even jealous – because you have cancer while other people are well. During the course of your illness similar feelings of resentment may occur for many reasons. You may resent your healthy relatives or having to change your lifestyle in some way. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

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National Cancer Helpline Freefone 1800 200 700
How can my family and friends help?

Your family and friends can support you in different ways. Some family members and friends can offer a listening ear and give you advice if needed. Others may gather up-to-date information on thyroid cancer to know what you can expect and what you are going through. Others again may prefer to help you in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your family or friends best.

How can I help myself?

Here are some ways to help you feel more involved and in control of your illness.

- Communicate with your family and close friends.
- Live well by eating well and taking exercise.
- Expect change in your life.
- Keep an open mind.
- Seek information about your cancer and treatment.
- Find what way of coping works for you.
- Build a support network.
- Seek professional help if you have low moods or strong emotions.
- Consider spiritual care.
- Express yourself through writing, music, dance or art.

Journey Journal

It can help to keep a record of the physical and emotional aspects of your treatment. Call the National Cancer Helpline on 1800 200 700 for a copy of Journey Journal: Keeping Track of Your Cancer Treatment. In this journal, you can record any of your tests like blood tests, X-rays and scans, as well as treatments, symptoms, side-effects, medications, and your general health. Write down any emotions you are feeling too, especially strong ones. It’s a great way to express yourself without holding back.

Support resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Medical social worker
- Cancer nurse specialists
- Psycho-oncology services
- Family doctor (GP)
- Community welfare officer and community health services
- Support groups and cancer support centres
- Irish Cancer Society helpline nurses

Medical social worker: The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and give advice on practical and financial supports and services available when you go home.

Oncology nurse specialists: Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse coordinators. These specially trained nurses can support you and your family from the time of diagnosis and throughout treatment. The nurses along with other members of your medical team work together to meet your needs.

Psycho-oncology services: In some larger hospitals there are special units that provide psycho-oncology services. This means that you can receive psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

GP (family doctor): You may feel comfortable talking to your family doctor (GP) about your thyroid cancer too. He or she can discuss any of your queries and offer advice and support.
At the end of this section there are also some useful telephone numbers and addresses for further help.

**Hospital cover**

At present, everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

**Outpatient cover**

If you go to the outpatients or emergency department of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the emergency department first.

**Medical card**

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You may have to pay a prescription charge of €2.50 per item up to a limit of €25 per family per month.

To qualify for a medical card depends on a means test regardless of age. If you are over 70 and your weekly income is €500 or less (€900 for couples), you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office.

If your means are above but close to the guidelines, you should apply for a card anyway as a card may be granted in some situations. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card. But it will depend on your financial circumstances and how long your treatment is expected to last. In this case, your spouse and children will not be covered if your means are over the limit. If you wish to apply for a medical card, you can download an application form and apply online ([www.medicalcard.ie](http://www.medicalcard.ie)) or at your local health centre. LoCall 1890 252 919.
Benefits and allowances

You may be entitled to a range of benefits from the Department of Social Protection or HSE. Information about them is available in a booklet called Managing the Financial Impact of Cancer: A Guide for Patients and Their Families. For a free copy, contact the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. You can also download a copy at www.cancer.ie

Application forms for benefits are available from social welfare offices or Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or LoCall 1890 927 770. You can also download the forms from websites such as www.welfare.ie or www.citizensinformation.ie

Appliances

If you have a medical card, most appliances are free of charge or subsidised. The subsidy will depend on the HSE area.

Travel to hospital

You can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres, usually for patients with medical cards.

See page 56 for information on the Care to Drive and Travel2Care schemes run by the Irish Cancer Society. Some local communities may also provide volunteer transport services.

Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements that may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:
- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at your hospital or your HSE office to see if you are eligible. If you wish to apply for a GP visit card, you can download an application form and apply online (www.medicalcard.ie) or at your local health centre. LoCall 1890 252 919.

Drugs Payment Scheme

Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €144 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office or local pharmacy.

Private healthcare cover

Private health insurance pays for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Laya Healthcare, AVIVA Health, GloHealth, and other schemes. They provide cover for day care or inpatient treatment and hospital outpatient treatment. Before attending hospital, do check the level of cover provided by your insurer, both for inpatient and outpatient services.

If you have private insurance, your tests might not get done as quickly as you would like. Your health insurer has to approve some tests in advance. For example, MRI and PET scans. Sometimes it might take 24–48 hours to get approval from your health insurer.

National Cancer Helpline Freefone 1800 200 700
Irish Cancer Society services

The Irish Cancer Society funds a range of support services that provide care and support for people with cancer at home and in hospital.

- Cancer Information Service (CIS)
- Daffodil Centres
- Cancer support groups
- Survivors Supporting Survivors
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets and factsheets
- Financial support
- Care to Drive transport project

Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The National Cancer Helpline 1800 200 700 is a freephone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The helpline is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- The website www.cancer.ie provides information on all aspects of cancer.
- All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie
- Message Board is a discussion space on our website to share your stories and experiences with others.
- The Cancer Chat service is a live chatroom with a link to a CIS nurse.
- The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private.
- Find us on Facebook and follow us on Twitter (@IrishCancerSoc).
Daffodil Centres
Daffodil Centres are located in a number of Irish hospitals. They have been set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give you a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

Cancer support groups
The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See pages 58–61 for more details.

Survivors Supporting Survivors
Being diagnosed with cancer can be one of the hardest situations to face in your lifetime. Survivors Supporting Survivors is a one-to-one support programme run by the Irish Cancer Society. It provides emotional and practical support to newly diagnosed patients. It can provide you and your relatives with information, advice and emotional support from time of diagnosis and for as long as is needed. All the volunteers have had a personal experience of cancer and understand the emotional and physical impacts of the disease. They are carefully selected after recovery and are trained to provide information and reassurance on the phone. The service is provided on a one-to-one basis and is confidential. If you would like to make contact with a volunteer, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

Counselling
Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the National Cancer Helpline on 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing
The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of-life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

Oncology liaison nurses
The Society funds some oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer information booklets and factsheets
These booklets provide information on all aspects of cancer and its treatment, while the factsheets deal with very specific topics. The booklets also offer practical advice on learning how to cope with your illness. The booklets and factsheets are available free of charge from the Irish Cancer Society by calling 1800 200 700. They can also be downloaded from www.cancer.ie or picked up at a Daffodil Centre.
Understanding cancer of the thyroid

Financial support

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society may be able to provide limited financial help to patients in great need. You may be suitable for schemes such as Travel2Care or Financial Aid.

**Travel2Care:** Travel2Care is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. The scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking. If you are travelling over 30 km to a Rapid Access Diagnostic Clinic, you may qualify for the Travel2Care scheme.

If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society at (01) 231 6643 / 231 6619 or email: travel2care@irishcancer.ie

**Financial Aid:** A special fund has been created to help families in financial hardship when faced with a cancer diagnosis. If this applies to you, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

**Care to Drive transport project**

Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their chemotherapy treatments using volunteer drivers. All of the volunteers are carefully selected, vetted and trained. You are collected from your home, driven to your appointment and brought back home again. Call (01) 231 0522 for more information.

If you would like more information on any of the above services, call the National Cancer Helpline on 1800 200 700. You can also visit the website www.cancer.ie or a Daffodil Centre.

---

**Useful organisations**

**Irish Cancer Society**

43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline: 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

**The Carers Association**

Market Square
Tullamore
Co Offaly
Tel: 057 932 2920
Freefone: 1800 240 724
Email: info@carersireland.com
Website: www.carersireland.com

**Citizens Information**

Tel: 0761 07 4000
Email: information@citizensinformation.ie
Website: www.citizensinformation.ie

**HARI: The National Fertility Centre**

Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Email: info@hari.ie
Website: www.hari.ie

**Irish Oncology and Haematology Social Workers Group**

Website: http://socialworkandcancer.com

**Irish Nutrition & Dietetic Institute**

Ashgrove House
Kill Avenue
Dún Laoghaire
Co Dublin
Tel: 01 280 4839
Email: info@indl.ie
Website: www.indl.ie

**Moneys Advice and Budgeting Service (MABS)**

Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 01 812 9350
Helpline: 0761 07 2000
Email: helpline@mabs.ie
Website: www.mabs.ie

**Thyroid Cancer Support Ireland**

Cloughan
Killynon Cooke
Mullingar
Co Westmeath
Tel: 087 909 0836
Email: info@thyroidcancersupport.ie
Website: www.thyroidcancersupport.ie

**Health insurers**

**AVIVA Health** (formerly VIVAS Health)

PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.avivahealth.ie

**GloHealth**

PO Box 12218
Dublin 18
Tel: 1890 781 781
Email: findoutmore@glohealth.ie
Website: www.glohealth.ie

**Laya Healthcare** (formerly Quinn)

Eastgate Road
Eastgate Business Park
Little Island
Co Cork
Tel: 021 202 2000
LoCall: 1890 700 890
Email: info@layahealthcare.ie
Website: www.layahealthcare.ie
Understanding cancer of the thyroid

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellisinch
Dublin Road
Kilkenny
CallSave: 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support services
ARC Cancer Support Centres Dublin
[See page 59]
Canteen Ireland
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: info@canteen.ie
Website: www.canteen.ie
LARCC Cancer Support Centre
[See page 60]
Thyroid Cancer Support Ireland
Cloughan
Killynronn Cooke
Mullingar
Co Westmeath
Tel: 087 909 0836
Email: info@thyroidcancersupport.ie
Website: www.thyroidcancersupport.ie

Connaught support services
Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 844 319 / 087 412 8080
Email: athenrycancercare@gmail.com
Website: www.athenrycancercare.com

Ballinasloe Cancer Support Centre
Main Street
Ballinasloe
Co Galway
Tel: 090 964 5574
Email: ballinasloe@yahooco.uk

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 090 20590 / 087 391 8573
Email: caraiorrais@gmail.com

East Galway Cancer Support Centre
Cluain Mhuire
Brackernagh
Ballinasloe
Co Galway
Tel: 090 964 2088 / 087 984 0304
Email: info@eastgalwaycancersupport.com
Website: www.eastgalwaycancersupport.com

Gort Cancer Support Group
Garrabeg
Gort
Co Galway
Tel: 091 648 606 / 086 172 4500
Email: info@gortcancersupport.ie
Website: www.gortcancersupport.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: info@mayocancer.ie
Website: www.mayocancer.ie

Roscommon Cancer Support Group
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: info@vithouse.org

Sligo Cancer Support Centre
44 Wine Street
Sligo
Tel: 071 917 0399
Email: scsc@eircom.net
Website: www.sligocancersupportcentre.ie

Tuam Cancer Care Centre
Cricket Court
Dunmore Road
Tuam
Co Galway
Tel: 093 28522
Email: support@tuamcancercare.ie
Website: www.tuamcancercare.ie

Leinster support services
ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

ARC Cancer Support Centre
ARC House
559 South Circular Road
Dublin 8
Tel: 01 707 8880
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Arklow Cancer Support Group
25 Kings Hill
Arklow
Co Wicklow
Tel: 0402 2390 / 085 110 0066
Email: info@arklowcancersupport.com
Website: www.arklowcancersupport.com

Balbriggan Cancer Support Group
Unit 23, Balbriggan Business Park
Harry Reynolds Road
Balbriggan
Co Dublin
Tel: 087 353 2872 / 086 164 2234

The Bella Rose Foundation
Merry Maid House
West Park Campus
Garter’s Lane
Citywest
Dublin 24
Tel: 087 320 3201
Email: thebellarosefoundation@gmail.com
Website: www.bellarose.ie

Bray Cancer Support & Information Centre
Aubrey Court
Parnell Road
Bray
Co Wicklow
Tel: 01 286 6966
Email: info@braycancersupport.ie
Website: www.braycancersupport.ie

Cara Cancer Support Centre
7 Williamson Place
Dundalk
Co Louth
Tel: 042 937 4905
Mobile: 087 395 3335
Email: info@ccsdundalk.ie
Website: www.ccsdundalk.ie

Cois Nore: Cancer Support Centre
Kilkenny
8 Walkin Street
Kilkenny
Tel: 056 775 2222
Email: coisnore@kilkenny@gmail.com
Website: www.kilkenny.cancersupport.ie

Cuisle Cancer Support Centre
Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuislecentre.com

Dóchas: Offaly Cancer Support Group
Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: info@dchosoffaly.ie
Website: www.dchosoffaly.ie

Éist Carlow Cancer Support Centre
The Waterfront
Mill Lane
Carlow
Tel: 059 913 9684
Mobile: 085 144 0510
Email: info@eistcarlowcancersupport.ie
Website: www.eistcarlowcancersupport.ie

For more details, call the National Cancer Helpline on 1800 200 700, email support@irishcancer.ie or visit www.cancer.ie
Understanding cancer of the thyroid

Gary Kelly Cancer Support Centre
George’s Street
Drogheda
Co Louth
Tel: 041 980 5100
Email: info@gk cancersupport.com
Website: www.gkcancersupport.com

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: info@greystonescancersupport.com
Website: www.greystonescancersupport.com

HOPE Cancer Support Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: mary@hopesupportcentre.ie
Website: www.hopesupportcentre.ie

LARCC Cancer Support Centre
Coole Road
Multyfarnham
Mullingar
Co Westmeath
Tel: 044 937 1971
CallSave: 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Newbridge Cancer Support Group
Tel: 083 360 9898
Email: newbridgecancerhealinghelp@gmail.com

Rathdrum Cancer Support Centre
St Anne’s
Lower Street
Rathdrum
Co Wicklow
Tel: 0404 43803
Email: rathcan@gmail.com

Tallaght Cancer Support Group
Trustus House
1-2 Main Street
Tallaght
Dublin 24
Tel: 086 400 2736
Email: ctallaght@yahoo.ie
Website: tallaghtcancersupport.com

Ulster support services
Cancer Support and Social Club
Tiernaleague
Carndonagh
Co Donegal
Tel: 086 602 8993 / 087 763 4596

Coiste Scoil Saor ó Ailse
C/o Freddie O’Donnell
Knockastoller
Bunbeg PO
Lettermen
Co Donegal
Tel: 083 121 7857
Email: saoroais1@aol.com
Website: www.scaoislaioe.ie

Crocus: Monaghan Cancer Support Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965 / 047 62565
Email: crocus.2011@yahoo.com

Cuan Cancer Social Support and Wellness Group
2nd Floor, Cootehill Credit Union
22-24 Market Street
Cootehill
Co Cavan
Tel: 086 455 6632

The Forge Cancer Support Service
The Forge Family Resource Centre
Petitio
Co Donegal
Tel: 071 986 1924
Email: theforgefrc@eircom.net

Living Beyond Cancer
Oncology Day Services
Letterkenney General Hospital
Letterkenney
Co Donegal
Tel: 074 912 5888 (Bleep 674/734) / 074 910 4477
Email: noreen.rogers@hse.ie

Recovery Haven
5 Haig’s Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.com

Sláinte an Chláir: Clare Cancer Support
Tir Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630 / 087 691 2396
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

South Eastern Cancer Foundation
Solas Centre
Williamstown
Waterford
Tel: 051 304 604
Email: info@solascentre.ie
Website: www.solascentre.ie

Suaimhneas Cancer Support Centre
2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 066 719 5560 / 087 230 8734
Email: kerry cancersupport@eircom.net
Website: www.kerry cancersupport.com

Suir Haven Cancer Support Centre
Clongour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Youghal Cancer Support Group
161 North Main Street
Youghal
Co Cork
Tel: 024 92353
Email: youghalcancersupportgroup@hotmail.com

Munster support services
Cancer Information & Support Centre
Mid-Western Regional Hospital
Doora Doyle
Co Limerick
Tel: 061 485 163
Website: www.midwesterncancercentre.ie

CARE Cancer Support Centre
14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: caresupport@eircom.net
Website: www.cancer.ie

Cork ARC Cancer Support House
Cliffdale
5 O’Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: info@corkcancersupport.ie
Website: www.corkcancersupport.ie

Kerry Cancer Support Group
124 Tralee Town House Apartments
Maine Street
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerry cancersupport@eircom.net
Website: www.kerry cancersupport.com

Recovery Haven
5 Haig’s Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.com

Sláinte an Chláir: Clare Cancer Support
Tir Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630 / 087 691 2396
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

South Eastern Cancer Foundation
Solas Centre
Williamstown
Waterford
Tel: 051 304 604
Email: info@solascentre.ie
Website: www.solascentre.ie

Suaimhneas Cancer Support Centre
2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 066 719 5560 / 087 230 8734
Email: kerry cancersupport@eircom.net
Website: www.kerry cancersupport.com

Suir Haven Cancer Support Centre
Clongour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Youghal Cancer Support Group
161 North Main Street
Youghal
Co Cork
Tel: 024 92353
Email: youghalcancersupportgroup@hotmail.com

Youghal Cancer Support Group
161 North Main Street
Youghal
Co Cork
Tel: 024 92353
Email: youghalcancersupportgroup@hotmail.com

Ulster support services
Cancer Support and Social Club
Tiernaleague
Carndonagh
Co Donegal
Tel: 086 602 8993 / 087 763 4596

Coiste Scoil Saor ó Ailse
C/o Freddie O’Donnell
Knockastoller
Bunbeg PO
Lettermen
Co Donegal
Tel: 083 121 7857
Email: saoroais1@aol.com
Website: www.scaoislaioe.ie

Crocus: Monaghan Cancer Support Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965 / 047 62565
Email: crocus.2011@yahoo.com

Cuan Cancer Social Support and Wellness Group
2nd Floor, Cootehill Credit Union
22-24 Market Street
Cootehill
Co Cavan
Tel: 086 455 6632

The Forge Cancer Support Service
The Forge Family Resource Centre
Petitio
Co Donegal
Tel: 071 986 1924
Email: theforgefrc@eircom.net

Living Beyond Cancer
Oncology Day Services
Letterkenney General Hospital
Letterkenney
Co Donegal
Tel: 074 912 5888 (Bleep 674/734) / 074 910 4477
Email: noreen.rogers@hse.ie
Other support groups and centres

Cancer Care West
72 Seamus Quirke Road
Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Cúnamh: Bons Secours Cancer Support Group
Bon Secours Hospital
College Road
Cork
Tel: 021 480 1676
Website: www.cunamh.ie

Dundalk Cancer Support Group
Philipstown
Hackballscross
Dundalk
Co Louth
Tel: 086 107 4257

Killybegs Cancer Support Group
Killeen
Kilcar
Co Donegal
Tel: 074 973 1292
Email: riverbankdunne@eircom.net

Solace: Donegal Cancer Support Centre
St Joseph’s Avenue
Donegal Town
Tel: 074 974 0837
Email: solacedonegal@eircom.net

For other support groups or centres in your area, call 1800 200 700.

Useful contacts outside Republic of Ireland

Action Cancer
Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Email: info@actioncancer.org
Website: www.actioncancer.org

American Cancer Society
Website: www.cancer.org

British Thyroid Association
Website: www.british-thyroid-association.org

British Thyroid Foundation
Tel: 0044 1423 709 707
Email: info@btf-thyroid.org
Website: www.btf-thyroid.org

Butterfly Thyroid Cancer Trust (UK)
Tel: 0044 1207 545 469
Email: enquiries@butterfly.org.uk
Website: www.butterfly.org.uk

Cancer Focus Northern Ireland
40-44 Egantine Avenue
Belfast BT9 6DX
Tel: 048 9066 3281
Email: hello@cancerfocusni.org
Website: www.cancerfocusni.org

Cancer Research UK
Tel: 0044 20 7242 0200
Website: www.cancerresearchuk.org

Macmillan Cancer Support (UK)
Tel: 0044 20 7840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

Macmillan Support & Information Centre
Belfast City Hospital Trust
77–81 Lisburn Road
Belfast BT9 7AB
Tel: 028 9096 9202
Email: cancerinfo@belfasttrust.hscni.net

National Cancer Institute (US)
Website: www.cancer.gov

Thyroid Cancer Forum UK
Email: contact@thyroid-cancer-forum-uk.org
Website: www.thyroid-cancer-forum-uk.org

Helpful books

Free booklets from the Irish Cancer Society:
- Understanding Radiotherapy
- Understanding Chemotherapy
- Understanding Cancer and Complementary Therapies
- Diet and Cancer
- Coping with Fatigue
- Understanding the Emotional Effects of Cancer
- Lost for Words: How to Talk to Someone with Cancer
- Who Can Ever Understand? Taking about Your Cancer
- Talking to Children about Cancer: A Guide for Parents
- Managing the Financial Impact of Cancer: A Guide for Patients and Their Families
- Journey Journal: Keeping Track of Your Cancer Treatment

Eggshells and Elephants: My Cancer Journey Thus Far
Jane Freund
Friendship Press, 2012
ISBN 97809575788
[Kindle version also available]

The Thyroid Cancer Book
M Sara Rosenthal
CreateSpace, 2006
ISBN 978-1553950592

Thyroid Cancer: A Guide for Patients
Douglas Van Nostrand
Keystone Press, 2004
ISBN 978-0974623900

101+ Square Meals
[Budget and nutrition]
Norah Bourke et al
MABS/HSE West/Paul Partnership/Limerick VEC/Safefood, 1998
ISBN 187407514X
[For more details, see www.mabs.ie]
## What does that word mean?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaplastic</td>
<td>A very rare form of thyroid cancer. It grows quickly and can be hard to treat.</td>
</tr>
<tr>
<td>Benign</td>
<td>Not cancer. A tumour that does not spread.</td>
</tr>
<tr>
<td>Biological therapies</td>
<td>Drugs that use your body’s immune system to fight cancer. Also called targeted therapies.</td>
</tr>
<tr>
<td>Biopsy</td>
<td>Removing a small amount of cells or tissue from your body to examine under a microscope. It can tell if cancer cells are present or not.</td>
</tr>
<tr>
<td>Calcitonin</td>
<td>A hormone made in your thyroid gland. It helps keep a healthy level of calcium in your blood. When the calcium level is too high, calcitonin lowers it.</td>
</tr>
<tr>
<td>Cells</td>
<td>The building blocks that make up your body. They are tiny and can only be seen under a microscope.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>The use of drugs to cure or control cancer.</td>
</tr>
<tr>
<td>Differentiated</td>
<td>Cancer cells that have some features of normal thyroid cells. It refers to papillary and follicular thyroid cancers. These are the most common types of thyroid cancer.</td>
</tr>
<tr>
<td>Endocrinologist</td>
<td>A doctor who specialises in treating diseases of the thyroid and other glands in your body.</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Ongoing tiredness often not eased by rest.</td>
</tr>
<tr>
<td>Follicular</td>
<td>The second most common type of thyroid cancer. It grows slowly and is usually found in slightly older people.</td>
</tr>
<tr>
<td>Levothyroxine</td>
<td>A drug given to replace the hormone thyroxine.</td>
</tr>
<tr>
<td>Lobectomy</td>
<td>Surgery to remove one lobe of your thyroid gland.</td>
</tr>
<tr>
<td>Malignant</td>
<td>Cancer. A tumour that spreads.</td>
</tr>
<tr>
<td>Medullary</td>
<td>A rare type of thyroid cancer.</td>
</tr>
<tr>
<td>Radioactive iodine</td>
<td>A radioactive form of iodine. It is often used for tests or to treat a thyroid cancer. It is usually given as a capsule and kills cancer cells.</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>The treatment of cancer using high-energy X-rays.</td>
</tr>
<tr>
<td>Papillary</td>
<td>The most common type of thyroid cancer. It often affects women more than men.</td>
</tr>
<tr>
<td>Parathyroid</td>
<td>A gland behind your thyroid gland. It makes a hormone called the parathyroid hormone that stores and controls calcium in your body.</td>
</tr>
<tr>
<td>Thyroglobulin</td>
<td>A protein made by thyroid cells. It is the form that thyroid hormone takes when stored in the cells of your thyroid. If your thyroid has been removed, thyroglobulin should not show up on a blood test.</td>
</tr>
<tr>
<td>Thyroid</td>
<td>The gland above your windpipe that makes hormones that control various functions in your body. These include your heart rate, blood pressure, body temperature, speed of changing food into energy, and your weight.</td>
</tr>
<tr>
<td>Thyroidectomy</td>
<td>Surgery to remove all or part of your thyroid gland.</td>
</tr>
<tr>
<td>Thyroid-stimulating hormone (TSH)</td>
<td>A hormone made by your pituitary gland. It helps the release of thyroid hormone from thyroglobulin. It also helps the growth of thyroid follicular cells.</td>
</tr>
<tr>
<td>Thyroxine</td>
<td>A hormone made by the thyroid gland.</td>
</tr>
<tr>
<td>Staging</td>
<td>Tests that measure the size and extent of cancer.</td>
</tr>
</tbody>
</table>
Questions to ask your doctor

Here is a list of questions that you might like to ask your doctor. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- How long will it take to get the test results?
- What type of thyroid cancer do I have?
- What stage is my cancer at?
- Will surgery cure the cancer?
- Do I need any lymph nodes removed?
- Will the parathyroid glands or other tissues be removed?
- Are there other treatment options? Why is this one best for me?
- Would I be suitable for a clinical trial?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- What side-effects or after-effects will I get?
- What will my scar look like?
- Will I need to take hormone tablets for the rest of my life?
- Is there anything I can do to help myself during treatment?
- How often will I need check-ups?
- When can I get back to my normal activities?
- What if the cancer comes back?

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer
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Mary McGarry, Thyroid Cancer Support Ireland
Michael H. Phillips, Illustrator
Shutterstock Images

Would you like more information?
We hope this booklet has been of help to you. After reading it or at any time in the future, if you feel you would like more information or someone to talk to, please call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

Would you like to be a patient reviewer?
If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. Please fill in the postcard in the pocket inside the back cover, and post it back to us for free.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie

If you would prefer to phone or write to us, see contact details below.

Would you like to help us?
The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, research and education. This includes patient information booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email: fundraising@irishcancer.ie

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