

A practical guide to
understanding cancer

UNDERSTANDING THYROID CANCER

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About this booklet

This booklet gives information about thyroid cancer. We hope it answers some of your questions and helps you deal with some of the feelings you may have.

We've also listed other sources of support and information, which we hope you'll find useful. Turn to pages 77–84 for some useful addresses and helpful websites, and page 89 to write down any notes or questions for your doctor or nurse.

We can't advise you about the best treatment for you. This information can only come from your doctor, who knows your full medical history.

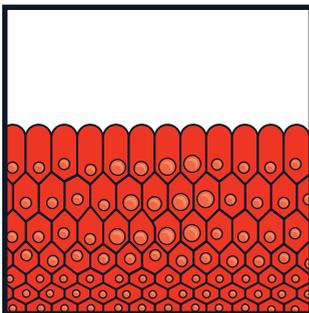
If you'd like to discuss this information, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit **[macmillan.org.uk](https://www.macmillan.org.uk)**

If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.

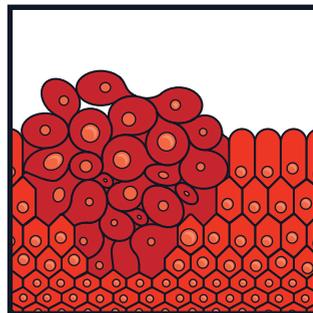
What is cancer?

The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells. Cancer isn't a single disease with a single cause and a single type of treatment. There are more than 200 different kinds of cancer, each with its own name and treatment.

Although cells in different parts of the body may look different and work in different ways, most repair and reproduce themselves in the same way. Normally, cells divide in an orderly and controlled way. But if for some reason the process gets out of control, the cells carry on dividing, and develop into a lump called a **tumour**. Tumours can be either **benign** (non-cancerous) or **malignant** (cancerous). Doctors can tell whether a tumour is benign or malignant by removing a piece of tissue (**biopsy**) and examining a small sample of cells under a microscope.



Normal cells



Cells forming a tumour

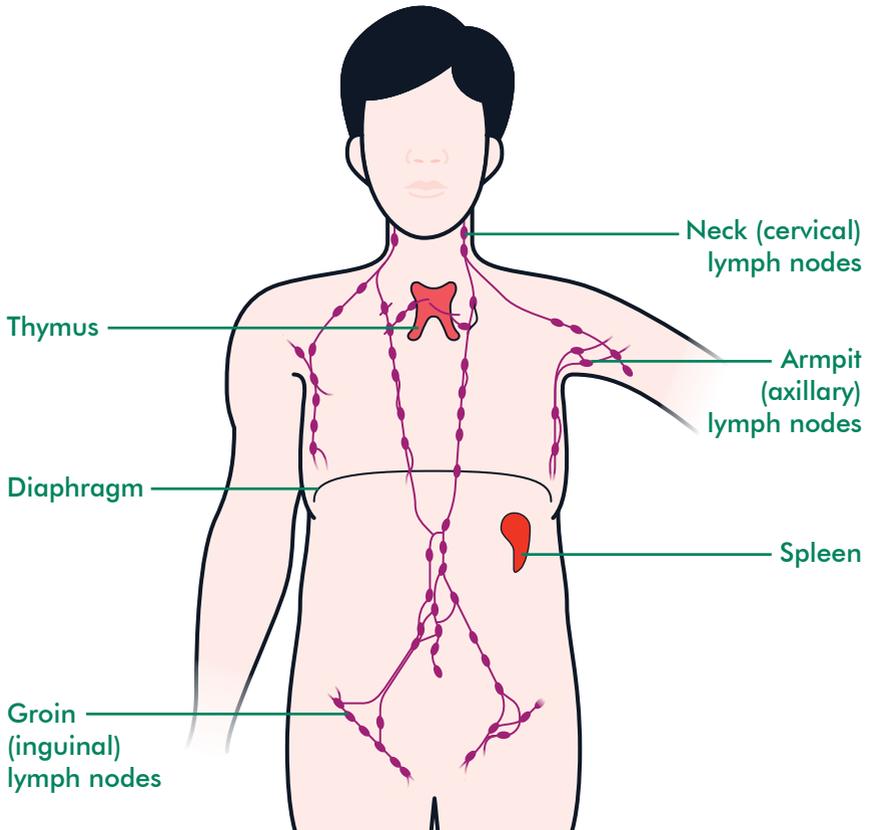
In a **benign tumour**, the cells do not spread to other parts of the body and so are not cancerous. However, they may carry on growing at the original site, and may cause a problem by pressing on surrounding organs.

In a **malignant tumour**, the cancer cells have the ability to spread beyond the original area of the body. If the tumour is left untreated, it may spread into surrounding tissue. Sometimes cells break away from the original (primary) cancer. They may spread to other organs in the body through the bloodstream or lymphatic system (see next page).

When the cancer cells reach a new area they may go on dividing and form a new tumour. This is known as a **secondary cancer** or a **metastasis**.

The lymphatic system

The lymphatic system is part of the immune system – the body's natural defence against infection and disease. It's made up of organs such as bone marrow, the thymus, the spleen, and lymph nodes. The lymph nodes throughout the body are connected by a network of tiny lymphatic tubes (ducts). The lymphatic system has two main roles: it helps to protect the body from infection and it drains fluid from the tissues.

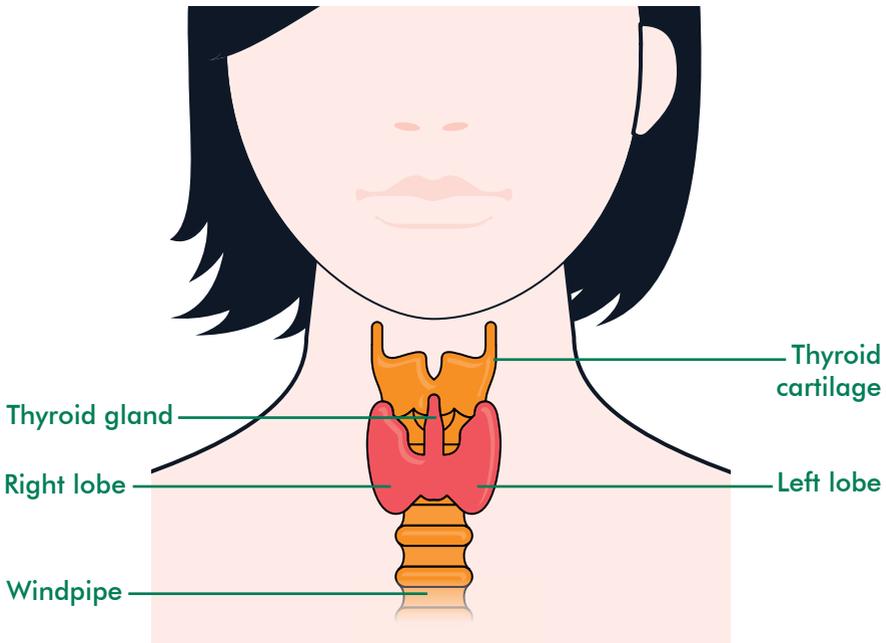


The lymphatic system

The thyroid gland

The thyroid is a small gland in the front of the neck just below the voicebox (larynx). It is made up of two parts, or lobes, and is part of the endocrine system. This system makes the body's hormones that help to control and influence various functions.

The thyroid is sometimes known as the 'activity' gland because it produces the two main hormones thyroxine (T4) and triiodothyronine (T3). These keep the body functioning at its normal rate. The thyroid gland needs a regular supply of iodine, which is found in fish, seafood and dairy products, to produce thyroid hormones. We take in iodine from our diet.



The thyroid gland

If the levels of T3 and T4 in the blood fall, a part of the brain called the hypothalamus senses this. It responds by sending out thyroid-releasing hormones (TRH) into the blood. As the level of TRH in the blood rises, it activates another gland in the brain called the pituitary gland to release thyroid-stimulating hormones (TSH). TSH stimulates the thyroid to produce more T3 and T4 thyroid hormones.

If the thyroid gland doesn't produce enough hormones, you'll feel tired and lethargic and put on weight easily. This is called **hypothyroidism** or myxoedema. If the thyroid gland produces too many hormones, it's called **hyperthyroidism** or thyrotoxicosis. You'll lose weight, feel hungrier than normal, and shaky and anxious. Your heartbeat may also be faster than normal or irregular.

Thyroid cancer

Thyroid cancer is uncommon. Each year, about 2,300 people in the UK are diagnosed with it. It's more common in women than men, and most women who have thyroid cancer are diagnosed between the ages of 35 and 39. Thyroid cancer in men is more likely to occur above the age of 70. It is rare in children.

There are different types of thyroid cancer, which are divided into four different groups. This is because of the way the thyroid cells look when examined under a microscope.

Papillary

This is the most common type of thyroid cancer. It's slow-growing and is found more in younger people, mostly women.

Follicular

This is a less common type of cancer, usually found in young or middle-aged people. Papillary and follicular thyroid cancers are sometimes grouped together under the name **differentiated thyroid cancer (DTC)**, as they are often treated in the same way. Most differentiated thyroid cancers are cured.

Medullary

This is a rare type of thyroid cancer that can run in families. For this reason, members of your family may be checked to see if they are also at risk of developing this cancer (see pages 13–14).

Anaplastic

This is a rare type of thyroid cancer that is fast-growing. It's more common in people over 60 and in women. Unlike other types of thyroid cancer, it can be very difficult to treat.

Other types

It's also possible to have a lymphoma of the thyroid gland. This starts in the lymph tissue of the thyroid. The lymph tissue is part of the body's lymphatic system (see page 7). Most thyroid lymphomas are a type of non-Hodgkin lymphoma (NHL).

We can send you a fact sheet about thyroid lymphoma.

Your doctor will be able to tell which type of thyroid cancer you have by examining a sample of cells from the cancer (see fine needle aspiration on page 19). Apart from the anaplastic and lymphoma types, thyroid cancer tends to develop very slowly, and it may be some years before it starts to cause any problems. With treatment, the outlook for most people with thyroid cancer is very good and most people are cured, even if the cancer has spread beyond the thyroid.

Risk factors and causes

The causes of thyroid cancer in most people are unknown, but research is going on to try to find out more.

There are a number of risk factors that can increase your chance of developing thyroid cancer.

A risk factor is something that increases your chance of developing a health condition such as cancer. For example, smoking is the biggest known risk factor for lung cancer. Having a particular risk factor doesn't mean you'll definitely get cancer. However, sometimes people without any known risk factors can develop cancer.

Benign thyroid disease

People who have certain non-cancerous (benign) thyroid diseases are slightly more likely to develop thyroid cancer. These include:

- an enlarged thyroid (goitre)
- thyroid nodules (adenomas)
- inflammation of the thyroid (thyroiditis).

About 1 in 5 thyroid cancers (20%) occur in people who have had a benign thyroid disease in the past. Benign thyroid disease can run in families. You are more at risk of getting thyroid cancer if you have family members with benign thyroid disease. The risk is higher if more than one member is affected.

The more common thyroid conditions of an overactive or underactive thyroid (hyperthyroidism and hypothyroidism) don't increase your risk of developing thyroid cancer.

Exposure to radiation

This may be due to radiotherapy treatment given to the neck area in childhood (for example, enlarged tonsils were treated with radiation before the 1960s). Radiotherapy in childhood to treat a cancer like lymphoma can also increase a person's risk of developing thyroid cancer many years later. Exposure to high levels of radiation in the environment – for example, in the areas surrounding Chernobyl in the Ukraine following the nuclear power explosion of 1986 – can also increase the risk.

However, only a small number of thyroid cancers are caused by radiation exposure.

Inherited faulty gene

In about 1 in 4 people with medullary thyroid cancer, the cancer may be due to an inherited faulty gene called the RET gene. An inherited gene is a gene that a person is born with, and that is passed down from generation to generation.

The faulty RET gene causes a condition called **Multiple Endocrine Neoplasia (MEN) Type 2**. There are three types of MEN2:

- familial medullary thyroid cancer (FMTC)
- multiple endocrine neoplasia (MEN) syndrome type 2A
- multiple endocrine neoplasia type 2B.

We can send you further information about MEN2.

Family members of someone with medullary thyroid cancer can be tested to see if they have inherited an abnormal RET gene. If they haven't inherited it they won't need any monitoring. If they have, they'll need to be closely monitored to detect any possible complications at an early stage. Preventative surgery to remove the thyroid gland, before it becomes cancerous, may also be recommended.

There's a slight increased risk of developing thyroid cancer if you have inherited a faulty gene that causes a bowel condition called **familial adenomatous polyposis (FAP)**. Family members of a person with FAP can be tested to see if they have the same faulty gene.

We can send you more information about FAP.

Weight

It's thought that people who are overweight may have a higher risk of getting thyroid cancer. A healthy diet and regular exercise may reduce the risk.

We can send you more information on healthy eating and cancer, and weight management during and after cancer treatment.

Symptoms

In most people, thyroid cancer develops very slowly. Possible symptoms can be one or more of the following:

- A painless lump in the neck that gradually gets bigger.
- A hoarse voice for no reason that doesn't go away after a few weeks.
- Occasionally, a thyroid tumour may press on the gullet (oesophagus) or windpipe (trachea) and cause difficulty swallowing or breathing.
- Very rarely, the first symptom of thyroid cancer may be pain in the back (spine) when the cancer has spread beyond the thyroid gland. This is caused by secondary tumours in the back.

It's unusual for thyroid cancer to affect the level of thyroid hormones (T3 and T4, see pages 8–9) in the blood, so symptoms of an over- or under-active thyroid are uncommon.

If you notice a lump in your neck, or any of the above symptoms, you should see your doctor as soon as possible. However, most thyroid swellings (or goitres) are benign (non-cancerous).



How thyroid cancer is diagnosed

If you have symptoms that may be due to a thyroid cancer, you'll usually begin by seeing your GP. They will examine you and arrange any necessary tests.

If your GP thinks that you may have cancer, or if they're not sure what the problem is, they'll refer you to a hospital for specialist advice and treatment.

To help GPs, the **National Institute for Health and Clinical Excellence (NICE)** has produced referral guidelines. The guidelines state that your GP should refer you for an immediate appointment if you have difficulty swallowing or breathing because of a swollen thyroid.

The guidelines also recommend that your GP should refer you for an urgent appointment if you have thyroid swelling and any of the following:

- a history of radiotherapy treatment to the neck
- people in your family have had endocrine tumours
- a lump in the neck that is getting bigger
- an unexplained hoarse voice that doesn't go away
- are very young (before puberty)
- you're over 65.

An urgent referral means that you should be seen at the hospital within two weeks.

At the hospital

The specialist will ask you about your general health and any previous medical problems before they examine you. You may have some of the following tests:

Blood tests

Samples of blood will be taken to check your thyroid hormone and TSH levels (see page 9). The level of calcitonin in your blood may also be checked. Calcitonin is one of the hormones produced by the thyroid, and the amount of calcitonin in the blood can be used to help diagnose medullary thyroid cancer (see page 10). Your blood will also be tested to check your general health.

Ultrasound thyroid scan

An ultrasound scan uses sound waves to make up a picture of the inside of the neck and the thyroid.

During the ultrasound scan, the doctor will also check the lymph nodes in your neck to see if any are abnormal. This is because papillary thyroid cancer can often spread to the lymph nodes. This may affect your treatment.

Once you're lying comfortably on your back, a gel is spread over your neck. A small device like a microphone, which produces sound waves, is then moved over the area. The sound waves are changed into a picture by a computer.

Fine needle aspiration

A doctor will gently pass a small needle into the swelling in your neck. Sometimes the doctor will use an ultrasound scanner to help guide the needle to the right area. They'll then take a small sample of cells and examine it under a microscope to check whether there are cancer cells present.

Core biopsy

Very occasionally it may be necessary to do a surgical biopsy, which is done under a general anaesthetic. The doctor will make a small cut in the skin close to the thyroid and remove a small sample of the thyroid gland. You may have a surgical biopsy if:

- it isn't possible to do a fine needle aspiration
- the fine needle aspiration doesn't collect enough cells
- the doctor who looks at the cells under the microscope (a pathologist), isn't sure whether cancer cells are present from the fine needle aspiration or biopsy sample.

Further tests

The specialist may want to do some further tests to find out the size and position of the cancer, and whether it has spread to other parts of the body. These may include any of the following:

MRI (magnetic resonance imaging) scan

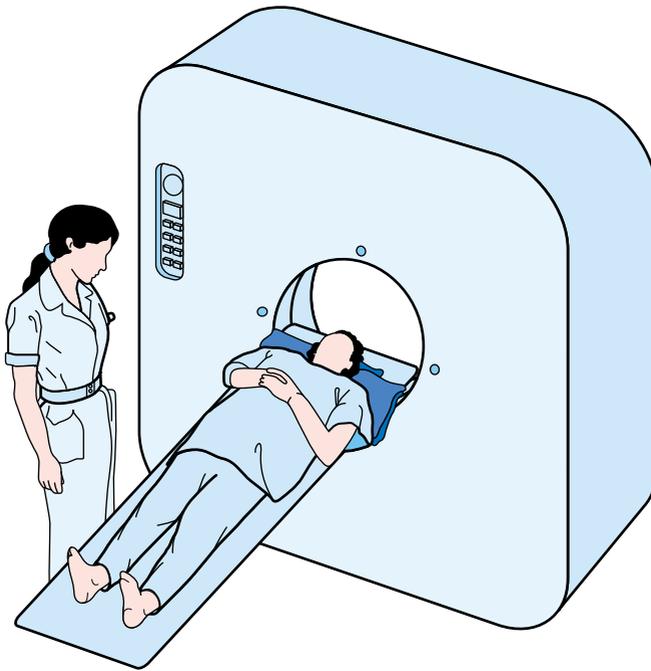
This test uses magnetism to build up a detailed picture of areas of your body. The scanner is a powerful magnet, so you may be asked to complete and sign a checklist to make sure it's safe for you. The checklist asks about any metal implants you may have, such as a pacemaker, surgical clips or bone pins. You should also tell your doctor if you've ever worked with metal or in the metal industry, as very tiny fragments of metal can sometimes lodge in the body. If you do have any metal in your body, it's likely that you won't be able to have an MRI scan. In this situation another type of scan can be used.

Before the scan, you'll be asked to remove any metal belongings including jewellery. Some people are given an injection of dye into a vein in the arm, which doesn't usually cause discomfort. This is called a contrast medium and can help the images from the scan to show up more clearly.

During the test, you'll lie very still on a couch inside a long cylinder (tube) for about 30 minutes. It's painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It's also noisy, but you'll be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.

CT (computerised tomography) scan

A CT scan takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. The scan takes 10–30 minutes and is painless. It uses a small amount of radiation, which is very unlikely to harm you and will not harm anyone you come into contact with. You will be asked not to eat or drink for at least four hours before the scan.



Someone having a CT scan

You may be given a drink or injection of a dye, which allows particular areas to be seen more clearly. This may make you feel hot all over for a few minutes.

You'll probably be able to go home as soon as the scan is over.

PET (positron emission tomography) scan

PET scans can be used to accurately define the cancer and find out if it has spread to other parts of the body. PET scans can also be used to examine any lumps that remain after treatment to see if they are scar tissue or whether cancer cells are still present.

A PET scan uses low-dose radioactive glucose (a type of sugar) to measure the activity of cells in different parts of the body. It may help to find out whether a tumour is growing and whether it is cancerous (malignant) or non-cancerous (benign).

Vocal cord check

Your doctor may want to check your vocal cords before and after your operation. This is because the nerves that control your vocal cords are close to the thyroid gland.

The surgeon will pass a thin, flexible tube with a small camera at the end, through your nose to look at how your vocal cords move.

Staging

The stage of a cancer is a term used to describe its size and whether it has spread beyond its original site. The stage of the thyroid cancer helps the doctors decide on the most appropriate treatment.

TNM staging

There are different ways of staging cancers. The most common staging system is the **TNM system**:

T describes the size of the **t**umour and whether it has spread into nearby tissues around the thyroid gland. There are four levels describing the tumour. They range from T1, where the tumour is less than 2cm and hasn't grown outside the thyroid gland, to T4 where the tumour is of any size and has spread to nearby tissues.

N describes whether the cancer has spread to the lymph **n**odes close to the thyroid gland. There are two levels: either the lymph nodes aren't affected, or the cancer has spread to lymph nodes close to the gland or in the neck or chest area.

M describes whether or not the cancer has spread to other parts of the body, such as the lungs or the bones (**m**etastatic or secondary cancer).

Number stages

Doctors often combine the information from the TNM system into an overall number stage, for example stage 2A.

Unlike most cancers, thyroid cancer is also often staged according to:

- the age of the person
- the type of thyroid cancer they have.

The staging of thyroid cancer can appear complicated, so it might help to get your doctor or nurse to explain the type and stage for you.

For a more detailed version of the staging for the different types of thyroid cancer, please see pages 85–88.

Treatment overview

Treatment for thyroid cancer varies according to the type of thyroid cancer, its stage and your general health. Most types of thyroid cancer can usually be treated successfully and many people are cured.

Papillary and follicular thyroid cancers are classed by doctors as being either low- or high-risk. The risk helps doctors decide which treatments will be the most appropriate. For example, someone with a low-risk cancer may need less treatment.

The first treatment for papillary, follicular and medullary thyroid cancer is usually **surgery** (see pages 32–38). The surgeon will try to remove all of the cancer. Either part of the thyroid gland (a partial thyroidectomy or lobectomy) or, more commonly, all of the thyroid gland (total thyroidectomy) will be removed. Sometimes it's also necessary to remove lymph nodes and tissue around the thyroid gland.

Thyroid hormone therapy is usually given after thyroid surgery. This is to replace the hormones that are normally made by the thyroid gland. **Thyroid hormone replacement** (see pages 39–40) is also used in some people with papillary or follicular thyroid cancer to reduce the risk of the cancer coming back.

Radiotherapy is often given to treat thyroid cancer and can be given as radioactive iodine (see pages 41–45), or occasionally as external beam radiotherapy (see pages 45–50). Radioactive iodine is the most common way of giving radiotherapy in people with papillary or follicular thyroid cancer. It's not used in medullary thyroid cancer. It may be used after surgery to reduce the risk of the cancer coming back, or to destroy any remaining cancer cells if surgery can't remove it all.

Chemotherapy (see page 51) isn't a common treatment for thyroid cancer. It's sometimes used to treat anaplastic thyroid cancer, or it may be given as part of a clinical trial for other types of thyroid cancer if the cancer comes back after treatment (see pages 59–61).

Newer treatments known as **targeted therapies** may occasionally be used (see page 52).

How treatment is planned

In most hospitals, a team of specialists will decide the best treatment for you. This **multidisciplinary team (MDT)** includes:

- a surgeon who specialises in thyroid cancers
- an oncologist (a cancer specialist)
- a radiologist (a doctor who advises on x-rays and scans)
- a nuclear medicine specialist (who analyses tests and scans using radioactive substances, such as a thyroid scan)
- a pathologist (a doctor who specialises in how disease affects the body)
- an endocrinologist (a doctor who specialises in glands).

There may also be a number of other healthcare professionals, such as a:

- nurse specialist
- speech and language therapist
- dietitian
- physiotherapist
- psychologist or counsellor.

Together they can advise you on the best course of action and plan your treatment, taking into account a number of factors including your general health, the cancer type and stage.

If more than one treatment is equally effective for your type and stage of cancer – for example, surgery or radiotherapy – your doctors may offer you a choice of treatments. Sometimes people find it very hard to make a decision. If you're asked to make a decision, make sure that you have enough information about the different treatment options, what they involve and the possible side effects. This is so you can decide the right treatment for you.

Remember to ask questions about anything you don't understand or that you feel worried about. It may help to discuss the benefits and disadvantages of each option with your cancer specialist, nurse specialist or with our cancer support specialists on **0808 808 00 00**.



Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion.

Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information. If you do go for a second opinion, it may be a good idea to take a relative or friend with you, and have a list of questions ready, so that you can make sure your concerns are covered during the discussion.

Giving your consent

Before you have any treatment, your doctor will explain its aims. They will ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment. No medical treatment can be given without your consent, and before you are asked to sign the form you should be given full information about:

- the type and extent of the treatment
- its benefits and disadvantages
- any significant risks or side effects
- any other treatments that may be available.

If you don't understand what you've been told, let the staff know straight away so they can explain again. Some cancer treatments are complex, so it's not unusual for people to need repeated explanations.

It's a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion. You may also find it useful to write a list of questions before your appointment. You could use the form on page 89 to do this.

People sometimes feel that hospital staff are too busy to answer their questions, but it's important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can't make a decision when your treatment is first explained to you.

You are also free to choose not to have the treatment. The staff can explain what may happen if you don't have it. It's essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You don't have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.

The benefits and disadvantages of treatment

Many people are frightened at the idea of having cancer treatments, particularly because of the side effects that can occur. However, these can usually be controlled with medicines.

Treatment can be given for different reasons and the potential benefits will vary depending on your individual situation.

Most people with papillary or follicular thyroid cancer will be cured. Many people with medullary thyroid cancer are also cured. Anaplastic thyroid cancer is more difficult to treat.

Your doctor will be able to discuss the benefits and disadvantages of treatment for your situation with you. However, it can help to ask about the aims of treatment, the chances of a complete cure and the possible side effects of treatment.

Rarely, treatment may have no effect on the cancer and you may get the side effects without any of the benefits.

Treatment decisions

If you have been offered treatment that aims to cure your type of thyroid cancer, it may be easy to decide whether to accept the treatment.

However, if a cure is not possible and the treatment is being given to control the cancer for a period of time, it may be more difficult to decide whether to go ahead. Making decisions about treatment in these circumstances is always difficult, and you may need to discuss in detail with your doctor whether you wish to have treatment. If you choose not to, you can still be given supportive (palliative) care, with medicines to control any symptoms.

It's important that you ask your doctors and nurses any questions you have about your treatment. The more you understand about your treatment, the easier it will be for you and them.

We have a booklet called *Making treatment decisions that we can send you.*

Surgery

Surgery is usually the first treatment for thyroid cancer. If the cancer is detected and removed early, most people have a very good chance of being cured. Your surgeon will explain the type of surgery that you need.

If the cancer has spread beyond the thyroid gland, surgery alone may not cure the cancer and you'll often need a combination of treatments. Your surgeon may still recommend that the thyroid gland is removed as this can help to control symptoms.

It isn't always possible for the doctors to make a diagnosis of cancer before surgery. In this situation, the surgeon will remove the affected lobe of the thyroid gland so that it can be examined under a microscope. If the diagnosis of cancer is confirmed, the remaining lobe will often be removed as well during a second operation. This means that treatment with radioactive iodine (see pages 41–45) is then possible.

Thyroid gland

Most people have all of the thyroid gland removed (total thyroidectomy). But some people who have stage 1 papillary or follicular thyroid cancer (see page 85), which affects only one lobe of the thyroid gland, may have an operation to remove only the affected lobe (partial thyroidectomy or lobectomy).

Lymph nodes

The surgeon will remove the lymph nodes near the thyroid gland if tests show there are cancer cells in them.

The surgeon may also remove some of the lymph nodes close to the thyroid gland and in the neck if there is a high risk of the cancer coming back. This is called a **prophylactic lymph node dissection**. Your doctor will discuss with you if this is appropriate and what the possible side effects are.

Neck tissue

Occasionally, it may be necessary for the surgeon to remove some of the tissues in the area around the thyroid gland.

This may be done if:

- the cancer has begun to spread outside the gland into surrounding tissue (locally advanced cancer)
- you have anaplastic thyroid cancer, as this type can spread more quickly.

In most cases, the surgeon will try to remove as much of the cancer as possible without damaging any of the nerves in the neck. If the cancer can't be completely removed with surgery, it will be treated with external beam radiotherapy and/or radioactive iodine.

Very occasionally, the surgeon will have to remove part of the trachea (the tube you breathe through). Sometimes surgery is the only treatment needed for thyroid cancer, but your doctor may also recommend radioactive iodine (see pages 41–45) or external radiotherapy (see pages 45–50).

Radiotherapy aims to destroy any cancer cells that may be left, or to treat any cancer that has spread to other parts of the body.

After your operation

The nurses on the ward will help you to lie in a fairly upright position. This is to reduce swelling in the neck area.

You'll be encouraged to start moving about as soon as possible. This is an essential part of your recovery. Most people can go home 1–3 days after thyroid surgery. If you have to stay in bed, the nurses will encourage you to do regular leg movements and deep breathing exercises. A physiotherapist or nurse will explain these exercises to you.

The nurses or surgeon will also show you some neck exercises to reduce stiffness in your neck.

Drips and drains

You will have a drip (intravenous infusion) to replace your body's fluids until you're able to eat and drink again, which is usually within 24 hours. One or two tubes (drains) will drain fluid from your wounds. These are usually removed within 24–48 hours. If clips are used instead of stitches to close the wound, these will be removed before you go home.

Pain and discomfort

You'll probably have some pain or discomfort after your operation, and your doctor will prescribe painkillers for you. If you find they're not helping, let your nurse know as soon as possible so that the drugs can be changed.

The skin on your neck up to your jawline might feel numb for the first 24 hours after surgery. This is from the local anaesthetic that is used during the surgery.

Eating and drinking

You should be able to swallow fluids an hour or so after your operation. However, you may find it painful to swallow solid foods for the first three days after surgery. You may need to start with soft foods. Once swallowing is easier, you can start eating solid foods. The nurses or a dietitian will discuss this with you before you go home. It's important to maintain a balanced diet. If you're finding it difficult to eat, nutritious drinks are a good way to supplement your diet.

Our booklet *Eating problems and cancer* has details of different nutritious drinks and supplements.

Going home

Most people are ready to go home about 1–3 days after their operation. If you think that you might have problems when you go home (for example, if you live alone or you have several flights of stairs to climb), let your nurse or the social worker know when you're admitted to the ward. They can arrange help before you leave the hospital.

Some people take longer than others to recover from their operation. If you have any problems, you may find it helpful to talk to someone who is not directly involved with your illness. Our cancer support specialists can talk to you, and tell you how to contact a counsellor or local cancer support group. You can call them on **0808 808 00 00**.

Appointment

Before you leave hospital, you'll be given an appointment to attend an outpatient clinic for a post-operative check-up and to discuss if you need any further treatment. This is also a good time to discuss any concerns you may have.

Driving

You may have to let your insurance company know when you have thyroid surgery as many companies will not cover you in the weeks after surgery.

Once you get back to driving, you should make sure that you are free from any side effects of painkillers. You should also make sure you're able to turn your neck in all directions.

Getting back to work

Everyone recovers at their own pace. People whose work involves heavy lifting, standing for long periods or walking around a lot may need more time before they are able to return to work.

Usually, most people can return to work within two weeks of having thyroid surgery. It can help to speak to the occupational health nurse or your GP if you are uncertain when to go back.

Side effects of surgery

Thyroid hormone replacement

Once your thyroid gland is removed, your body will no longer produce thyroid hormones. You'll need to replace them by taking tablets for the rest of your life (see pages 39–40).

Hoarse voice

Occasionally, because of the position of the thyroid, the operation may affect the nerves close to the voicebox (larynx). This can make your voice sound hoarse and weak. This is usually a temporary problem, but it may be permanent in a very small number of people. You're likely to have a vocal cord check after your surgery. You may be referred to a speech and language therapist.

Change in calcium levels

With a thyroidectomy, there's a small risk (2 out of every 100 people) of damage to the parathyroid glands. These are four very small glands behind the thyroid. They produce parathyroid hormone, which helps to control the level of calcium in the blood.

If the parathyroid glands are damaged, the level of calcium in the blood may become low (hypoparathyroidism). The most common symptoms are:

- tingling in the hands or feet, or around the mouth
- unusual muscle movements such as jerking, twitching, or spasms
- muscle cramps.

The calcium level in your blood will be checked within 24 hours after surgery. If your calcium level is low, it will be checked daily. Your doctor will prescribe calcium, and possibly vitamin D, supplements. Often these are only needed for a short time as the hypoparathyroidism can be temporary. Your doctor will tell you how long you need to take them for.

If the calcium level in your blood is found to be low in the long term, an endocrinologist or your GP will monitor it regularly.

Scar

After the operation, you'll have a scar of about 5–7cm (2–3 in) at the level of your collar line on your neck.

The scar will usually be in one of the natural skin folds, and it will fade as it heals.

Tiredness

It's normal to feel tired a for few weeks after your thyroid gland has been removed. Many people also find that they experience a mixture of emotions after surgery. This is natural as your body is adjusting to the effects of the surgery.

Our booklet *Coping with fatigue* has information on how to deal with tiredness. We can send you a copy.

Thyroid hormone replacement

The usual long-term thyroid hormone replacement drug is **thyroxine (T4)**, and this is normally started after radioactive iodine treatment. Most people only need to take thyroxine once a day.

Some people with very small papillary or follicular thyroid cancers will only have surgery and no radioactive iodine treatment. They will be started on thyroid hormone replacement straight after surgery.

The thyroid hormone tablets have two functions:

- They reduce the risk of the cancer coming back if you've had papillary or follicular thyroid cancer.
- They keep the body functioning at its normal rate (see page 40).

Thyroxine as a treatment for papillary or follicular thyroid cancer

Thyroxine is an important treatment in reducing the risk of thyroid cancer coming back after surgery. It is used to stop the body from making thyroid-stimulating hormone (TSH).

TSH stimulates the thyroid to produce thyroid hormones (see page 9). But in people who've had papillary or follicular thyroid cancer, it can also encourage thyroid cancer cells to grow.

Thyroxine levels may be kept slightly higher than normal for people who have thyroid cancers that are more likely to come back (high-risk cancer). The level may be kept just below normal for people with low-risk cancers.

Keeping the body's normal rate of functioning

Without hormone tablets you would develop the signs and symptoms of hypothyroidism, such as weight gain, tiredness, dry skin and hair, and physical and mental slowness. You may not need to start taking hormone tablets straight after surgery; your doctor will tell you when to start.

Following the operation, if you're likely to need radioactive iodine treatment, you may be given the hormone tablet **liothyronine sodium** (T3, Triiodothyronine or Tetroxin®). This is given until you have finished treatment.

You'll be carefully monitored in a specialist clinic to make sure that you're having the correct dose of thyroid hormone replacement. Regular blood tests will be needed to check the levels of thyroid hormones in your blood. It can sometimes take many months to find the right dose of thyroid hormones for you. You may have a variety of symptoms, such as tiredness, during this time. Once the correct dose is found, there should be no side effects from taking these tablets, as they are simply replacing the hormones that the thyroid gland produces naturally.

It's important to remember to take the thyroid hormone tablets every day. It can help to take them at the same time daily to ensure you get into a routine. It's also important to check with your pharmacist that the type of thyroid hormone tablets you've been given are exactly as prescribed.

Radiotherapy

Radiotherapy treats cancer by using high-energy x-rays to destroy the cancer cells, while doing as little harm as possible to normal cells.

Radiotherapy for thyroid cancer can be given either as radioactive iodine treatment or external beam radiotherapy. The type of radiotherapy given will depend on the type of thyroid cancer and, in most cases, the stage of the disease. Sometimes both radioactive iodine and external radiotherapy will be used.

Radioactive iodine treatment

Radioactive iodine treatment is a type of internal radiotherapy that is targeted at thyroid cells. It's usually given to treat papillary or follicular thyroid cancer:

- after surgery to destroy any cancer cells in the neck that weren't removed during the operation
- if an operation to remove the thyroid can't be done
- if the cancer comes back after treatment.

It's not used as a treatment for medullary thyroid cancer or anaplastic thyroid cancer.

The radioactive substance used for treatment is called **iodine-131**. It's mainly taken as capsules, but it can also be taken as a drink or injected into a vein in your arm (intravenously).

The thyroid cells absorb the iodine and receive a very high dose of radiation. This will help to destroy them and any cancer cells that might still remain after surgery. Radioactive iodine has very little effect on other parts of the body, as other cells don't absorb iodine as much as the thyroid cells. The treatment is sometimes known as thyroid remnant ablation.

If, after radioactive iodine treatment, tests show that some thyroid cells remain, the treatment can be repeated.

Preparing for radioactive iodine treatment

Before radioactive iodine treatment you may be asked to start eating a low iodine diet. If you're taking thyroid hormones, you'll be asked to stop taking them.

Low iodine diet You'll usually be asked to take a low iodine diet for about 2–3 weeks before your treatment. This is because having too much iodine in your body will make the treatment less effective.

Foods to avoid can include:

- fish and seafood
- table salt (with added iodine) and sea salt
- cough medicines
- foods that contain the pink food colouring E127, such as salami, glacé cherries, tinned strawberries and red sweets
- vitamin and food supplements that contain iodine
- soya beans and soya bean products
- egg yolks

- food from fast-food chains and takeaways
- long-life bread.

You should also try to cut down on the amount of dairy products that you eat, as these also contain some iodine. This includes milk and milk products such as milk chocolate and cheese. Dark chocolates and cocoa powder are allowed.

Thyroid hormones If you've been taking thyroid hormones (T3 or T4), these will usually be stopped for 2–4 weeks before the treatment.

You'll probably find that you feel very tired during this time. But it's important that you stop taking thyroid hormones or the radioactive iodine treatment won't work.

Recombinant human thyroid-stimulating hormone (rhTSH) Alternatively, it may be possible to be treated with recombinant human thyroid-stimulating hormone (rhTSH), also known as thyrotropin alfa (Thyrogen[®]). This man-made drug is similar to the TSH produced in your body. Having this allows you to carry on taking your hormone replacement tablets (see above) and avoid the symptoms of thyroid hormone withdrawal. rhTSH is given as two injections 24 hours apart into the buttock (intramuscularly).

rhTSH has very few side effects. Possible side effects include feeling sick (nausea), being sick (vomiting), headaches and fatigue. rhTSH is not suitable for everyone, and your doctor can tell you if you're able to have this treatment.

Safety measures

Because of the possibility of unnecessary radiation exposure to the hospital staff, your relatives and friends, certain safety measures are taken while the radioactive iodine is still in your body.

The staff looking after you will explain these restrictions in detail before you start your treatment. Each hospital has different routines, and it's worth visiting beforehand to discuss the procedure with the nursing and medical staff.

This is a good time to ask questions and it may help to make a list of them beforehand (you can use the form on page 89 to do this).

Side effects of radioactive iodine treatment

Radioactive iodine treatment makes you slightly radioactive for about 4–5 days. During this time, the radioactivity will gradually leave your body in your urine, bowel motions (stools), blood (in women have a period), saliva and sweat. You'll need to be looked after in hospital until the radioactivity has reduced to a safe level.

Very rarely, you may have pain or feel sick (nausea), tired and/or breathless, and have a sore throat after having radioactive iodine treatment. If these side effects occur, let your nurse or doctor know as medicines can be prescribed to help.

A rare, long-term side effect of radioactive treatment is a dry mouth. This can happen if the radioactive iodine is absorbed by the salivary glands. Let your doctor know if you develop a dry mouth.

Our booklet *Eating problems and cancer* has helpful tips on how to deal with a dry mouth.

Fertility and breastfeeding

You should not become pregnant or father a child while being treated for thyroid cancer, and for 6–12 months afterwards. If you're pregnant, you can't be given radioactive iodine treatment. For this reason, you must tell your doctor if you're pregnant or think you might be. Your fertility shouldn't be affected by radioactive iodine treatment, although there is a very small risk if you need to have repeated treatments. Your doctor or nurse can give you more information and support about this.

If you're breastfeeding, you must stop at least four weeks before you're treated with radioactive iodine. Although it isn't safe to start breastfeeding again after your treatment, it will be safe for you to do so after future pregnancies.

External beam radiotherapy

This type of treatment is used less commonly than internal radiotherapy for treating thyroid cancer. It's more commonly used to treat anaplastic thyroid cancer and some cases of medullary thyroid cancer (see page 10), as they don't respond to radioactive iodine treatment.

External radiotherapy doesn't make you radioactive and it's perfectly safe for you to be with other people, including children, throughout your treatment.

It may be used:

- after surgery to destroy any cancer cells in the neck that weren't removed during the operation
- if an operation to remove the thyroid can't be done
- if the cancer comes back after treatment.

External radiotherapy is sometimes used for papillary or follicular thyroid cancer if the cancer is difficult to remove with surgery. It can be given before or after radioactive iodine treatment.

This treatment is given in the hospital radiotherapy department. The course is usually given every Monday–Friday, with a rest at the weekend. The length of your treatment will depend on the type and size of the cancer. Your doctor will discuss your treatment with you in more detail beforehand.

Planning your treatment

To make sure that your radiotherapy is as effective as possible, it has to be carefully planned. Planning ensures that radiotherapy rays are aimed precisely at the cancer and cause as little damage to the surrounding healthy tissue as possible. The treatment is planned by a specialist doctor known as a clinical oncologist. Planning is important and may take a few visits.

On your first visit to the radiotherapy department, you'll have a CT (computerised tomography) scan (see page 21) taken of the area to be treated. Radiographers (experts in giving radiotherapy) will also take measurements from you to tailor the treatment to you. This session will usually take about 45–60 minutes.

Some people also have an MRI scan (see page 20) as part of their radiotherapy planning.

The radiographer's measurements and the information from the scans are fed into the radiotherapy planning computer. This helps your doctors plan your treatment precisely.



Occasionally, marks may be drawn on your skin. These help the radiographer position you accurately before each treatment. The marks must stay visible throughout your treatment, but they can be washed off once your course of treatment is over.

It's important that you're able to lie still, in exactly the same position, for each treatment. To help you do this, you'll wear a see-through plastic mask (sometimes called an immobilisation shell) for each session of radiotherapy. The mask holds your head and neck as still as possible. It's designed so that you can see and breathe normally while wearing it. You'll have it on for up to about 15 minutes at a time. It may feel unusual at first, but most people soon get used to it.

Your mask will be made on one of your first visits to the radiotherapy department. The radiographer or the mask room technician will explain the whole process to you.

We can send you information about how radiotherapy masks are made.

During the treatment

Before each treatment session, the radiographer will position you on the treatment couch and carefully fit your mask. The treatment only takes a few minutes. During this time, you will be left alone in the room, but the radiographer will watch you from the next room. If you need assistance you can raise your arm and the radiographer will return to the room.

During the treatment, you'll be advised not to talk.

Side effects

Specific side effects of radiotherapy to the neck can include:

- pain when swallowing
- a dry mouth
- taste changes
- darker, or red, sore skin.

These side effects vary depending on the dose of the radiotherapy and the length of your treatment. Your doctor or radiotherapist will discuss any possible side effects with you before you start your treatment. If your throat is sore and you find it painful to eat your normal diet, you can replace meals with nutritious, high-calorie drinks, which are available from most chemists.

Our booklet *Eating problems and cancer* has tips on how to eat when you find swallowing difficult, and what you can do if you have a dry mouth or taste changes.

Your radiographer will give you advice on how to care for the skin on your neck if it becomes sore.

Here are some things that may help:

- Avoid using perfumed soaps or creams on the treated area.
- Try to keep the skin as dry as possible during your course of treatment.
- Use water to wash the skin and then gently pat it dry.

The side effects should begin to reduce gradually about 3–4 weeks after your treatment is over. It's important to let your doctor know if they continue for longer than this.

Your ability to become pregnant or father children isn't affected by external radiotherapy treatment for thyroid cancer, but you'll probably be advised to wait for at least a year. Women who become pregnant will have their hormone levels carefully monitored throughout the pregnancy.

Tiredness You may feel very tired during your radiotherapy treatment. Tiredness (fatigue) can often be made worse by having to travel to hospital each day, or by other treatments such as surgery or chemotherapy. Listen to your body and allow yourself extra time to rest, perhaps by taking a nap. It may help if you spread chores out over the week, sit down to do them wherever possible and accept any offers of help. Tiredness can be a problem for several months after your treatment has finished.

Our booklet *Understanding radiotherapy* gives detailed information about this treatment and its side effects.

Chemotherapy

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. It's rarely used to treat cancer of the thyroid, but it may be used if the cancer comes back or has spread to other parts of the body in some cases.

In people with papillary or follicular thyroid cancer that has come back, chemotherapy is sometimes offered as part of a clinical trial (see pages 59–61).

Chemotherapy is occasionally used in people with anaplastic thyroid cancer. Your doctor can discuss with you whether chemotherapy will be appropriate for you.

Our booklet *Understanding chemotherapy* discusses this treatment and its side effects in more detail. We can send you a copy.

Targeted therapy

Targeted therapies use substances that target the differences in the biology between cancer cells and normal cells.

A drug called Vandetanib (Caprelsa[®]) can be used to treat people with medullary thyroid cancer that cannot be operated on and that has spread. Vandetanib is a tyrosine kinase inhibitor. It works by blocking (inhibiting) signals within the thyroid cancer cells that make them grow and divide. Blocking the signals causes the cells to die.

Vandetanib is licensed for use in the UK, but has not been approved by the National Institute for Health and Clinical Excellence (NICE) or the Scottish Medicines Consortium (SMC). NICE and SMC currently gives advice on which new drugs or treatments should be available on the NHS. Vandetanib may therefore not be widely available on the NHS.

After treatment – follow-up

After your treatment is completed, you'll have regular check-ups and possibly scans. You may continue to have these for several years, frequently at first and then less often.

Many people find they get very anxious for a while before the appointments. This is natural and it may help to get support from family, friends or one of the organisations listed on pages 77–80 during this time.

Follow-up tests

Thyroglobulin test

Thyroglobulin is a protein that is normally only made by the healthy thyroid gland, but it can also be produced by papillary or follicular thyroid cancer cells. Levels of thyroglobulin can be detected in the blood.

When the thyroid gland has been removed and radioactive iodine has been given to destroy any remaining cancer cells, thyroglobulin should no longer be produced unless there are still cancer cells left in your body. This makes the thyroglobulin blood test a useful way of detecting any remaining papillary or follicular cancer cells. The blood test is often repeated every 6–12 months.

Sometimes before the test, people will be given recombinant human thyroid-stimulating hormone (rhTSH, see page 43) to increase the level of TSH in the blood. This will stimulate any thyroid cells or thyroid cancer cells that are left in the body to produce thyroglobulin.

If you have rhTSH, you won't need to stop taking your thyroid hormone replacement tablets.

Radioactive iodine scan

Some people may have a radioactive iodine scan a few months after treatment to check whether there are any thyroid cancer cells in their body. Your doctors will tell you if you'll need to have a scan.

This test uses radioactive iodine, which is injected into a vein in your arm. After about 20 minutes, you'll be asked to lie on a couch and a machine called a gamma camera will be positioned over your neck. The scan itself is painless.

If you have been given rhTSH to test the thyroglobulin level in your blood, you may be able to have the radioactive iodine scan 48–72 hours later. The thyroglobulin blood test is done 72 hours after your second injection of rhTSH. In this way, you won't have to stop your thyroid hormone replacement tablets before the radioactive iodine scan.

If you're not taking rhTSH, you'll need to stop taking thyroid hormone replacement tablets. If you're taking thyroxine (T4), you'll need to stop taking it 4–6 weeks before the scan. Triiodothyronine (T3) tablets will need to be stopped two weeks before. This is done so that the body will produce enough thyroid-stimulating hormone (TSH) to make the tests as accurate as possible. TSH makes any thyroid cells, or thyroid cancer cells that may be left in your body, produce thyroglobulin and absorb radioactive iodine.



Stopping the hormone replacement tablets will mean that your levels of thyroid hormones will get lower. As a result, you'll begin to develop the symptoms of hypothyroidism, such as depression, weight gain, forgetfulness, decreased concentration and tiredness. This may affect your ability to operate machinery or drive. You can start taking your tablets again once the tests are finished. The symptoms should begin to reduce as the levels of thyroid hormones in your bloodstream increase.

Other scans

If thyroglobulin has been detected, there may still be some cancer cells present. However, thyroid cancer cells may not be found when a radioactive iodine scan is done.

In this situation, you may have an ultrasound or CT scan to help detect any cells that may be there. Sometimes a PET-CT scan may be used. A small amount of a radioactive substance is injected in the same way as a standard PET scan (see page 22), and then the CT scan (see page 21) takes a series of x-rays. A computer combines the information from the two scans and allows your doctor to measure any changes in the activity of cells and to know exactly where in the body the changes are.

Beginning to recover

Many people survive thyroid cancer. However, the treatment can be very hard on the body, and it may be some time before you're feeling fit and well again. Some people experience treatment side effects that gradually improve over time, while others may have ongoing side effects. You may have a range of other effects such as trouble sleeping or feeling weaker and more tired than usual, rather than specific treatment side effects.

Lifestyle – positive choices, helping yourself

Some people want to make changes to their lifestyle after cancer. You might choose to make just a few changes or completely change the way you live. Adopting a healthy lifestyle doesn't have to be very difficult or expensive.

Living a healthy lifestyle can sometimes appear to be a lot of hard work, and as if you will be denying yourself all of the pleasures in life. However, it's about making small, achievable changes to the way you live that will improve your health and well-being. Your healthy lifestyle will be individual to you, and what is right for you may not be right for someone else. A healthy lifestyle can include having a well-balanced diet, getting some exercise, reducing stress and being involved in your healthcare. You'll need to think about any side effects of treatment when planning changes to your diet and exercise. Don't try to do too much too soon.

A well-balanced diet should include:

- plenty of fresh fruit and vegetables (at least five portions a day)
- foods high in fibre, such as beans and cereals
- plenty of water or other non-alcoholic fluids.

Try to reduce your intake of:

- red meat and animal fats
- alcohol
- salted, pickled and smoked foods.

Before making major changes to your diet, it's a good idea to discuss your plans with your specialist or with a dietitian at the hospital.

We have a booklet called *Healthy eating and cancer*, which has more information.

If you are a smoker, you may want to stop smoking. This has many health benefits and reduces your risk of other diseases such as heart disease and stroke.

Our booklet *Giving up smoking can give you information and guidelines on how to do this*.

Exercise doesn't have to be particularly strenuous. You can start gently and build up the amount of physical activity you do. Whatever your age or physical health, there will be some kind of exercise you could try, such as walking, hiking, cycling or swimming. Activities like gardening, dancing and playing sport are also good to try.

We have booklets on physical activity and weight management with information and practical advice on how to increase your activity and control your weight.

Research – clinical trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. These may be carried out to:

- test new treatments, such as new chemotherapy drugs, gene therapy or cancer vaccines
- look at new combinations of existing treatments, or change the way they are given, to make them more effective or to reduce side effects
- compare the effectiveness of drugs used to control symptoms
- find out how cancer treatments work
- see which treatments are the most cost-effective.

Trials are the only reliable way to find out if a different type of surgery, chemotherapy, radiotherapy or other treatment is better than what's already available.

Taking part in a trial

You may be asked to take part in a treatment research trial, and there can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments.

You'll be carefully monitored during and after the study. Usually, several hospitals around the country take part in these trials. It's important to bear in mind that some treatments that look promising at first are often later found to be less effective than existing treatments, or to have side effects that outweigh the benefits.

If you decide not to take part in a trial, your decision will be respected and you do not have to give a reason. There will be no change in the way you are treated by the hospital staff and you'll be offered the standard treatment for your situation.

Our booklet *Understanding cancer research trials (clinical trials)* describes clinical trials in more detail. We can send you a copy.

Blood and tumour samples

Blood and tumour samples may be taken to help make the right diagnosis. You may be asked for your permission to use some of your samples for research into cancer. If you take part in a trial you may also give other samples, which may be frozen and stored for future use when new research techniques become available. Your name will be removed from the samples so you can't be identified.

The research may be carried out at the hospital where you are treated, or it may be at another hospital. This type of research takes a long time, and results may not be available for many years. The samples will be used to increase knowledge about the causes of cancer and its treatment, which will hopefully improve the outlook for future patients.

Current research

Researchers are currently looking into simpler ways to diagnose thyroid cancer. One study is trying to find new ways of diagnosing cancer from blood samples. It's looking at using protein and gene information to develop a new test to diagnose thyroid cancer.

Another trial is trying to find out if people with papillary and follicular thyroid cancer that is at low risk of coming back, need radioactive iodine treatment after surgery.

Our website [macmillan.org.uk/clinicaltrials](https://www.macmillan.org.uk/clinicaltrials) has details of databases you can search for thyroid cancer trials.

Your feelings

Most people feel overwhelmed when they are told they have cancer, and have many different emotions. These are part of the process you may go through when dealing with your illness. Partners, family members and friends often have similar feelings and may also need support and guidance to help them cope.

Reactions differ from one person to another – there's no right or wrong way to feel. We describe some of the common emotional effects of cancer here. However, reactions vary and people have different emotions at different times.

Our booklet *How are you feeling?* discusses the emotions you may have in more detail, and has suggestions for coping with them.

Shock and disbelief

Disbelief is often the immediate reaction when cancer is diagnosed. You may feel numb and unable to express any emotion. You may also find that you can only take in a small amount of information, and so you have to keep asking the same questions again and again. This need for repetition is a common reaction to shock. Some people find that their feelings of disbelief make it difficult for them to talk about their illness with family and friends. For others it may be the main topic of conversation as it's the main thing on their mind.

You may find our booklet *Talking about your cancer* helpful.

Fear and uncertainty

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears people have is whether they will die. Many cancers are curable if found at an early stage. When a cancer is not curable, current treatments often mean that it can be controlled for some time.

Many people are anxious about whether their treatment will work and have any side effects. It's best to discuss your treatment and possible outcomes in detail with your doctor.

You may find that doctors can't answer your questions fully, or that their answers sound vague. It's often impossible for them to say for certain how effective treatment will be. Doctors know roughly how many people may benefit from a certain treatment, but they can't predict the future for a particular person. Many people find this uncertainty hard to live with, but your fears may be worse than the reality. Finding out about your illness can be reassuring. Discussing what you have found out with your family and friends can also help.

You might find it helpful to talk to other people in your situation. Call our cancer support specialists on **0808 808 00 00** to find out if there's a support group in your area. Or you can visit our online community at **[macmillan.org.uk/community](https://www.macmillan.org.uk/community)** to chat any time with people who know what you're going through. Some people find some form of spiritual support helpful at this time, and you may like to talk to a spiritual or religious adviser.

Denial

Many people cope with their illness by not wanting to know much or talk much about it. If that's the way you feel, just let your family and friends know that you'd prefer not to talk about your illness, at least for the time being.

Sometimes, however, it's the other way around. You may find that your family and friends don't want to talk about your illness. They may appear to ignore the fact that you have cancer, perhaps by playing down your worries and symptoms or deliberately changing the subject. If this upsets or hurts you, try telling them. Perhaps start by reassuring them that you know why they're doing it, but that it will help you if you can talk to them about your illness.

Anger

People often feel very angry about their illness. Anger can also hide other feelings, such as fear or sadness. You may direct your anger at the people closest to you, or at the doctors and nurses caring for you. It's understandable that you may be very upset by many aspects of your illness, so you don't need to feel guilty about your angry thoughts or irritable moods.

Bear in mind that your family and friends may sometimes think that your anger is directed at them, when it's really directed at your illness. It may help to tell them this, or perhaps show them this section of the booklet.

Blame and guilt

Sometimes people blame themselves or others for their illness, trying to find reasons to explain why it has happened to them. This may be because we often feel better if we know why something has happened. In most cases it's impossible to know exactly what has caused a person's cancer. So there's no reason for you to feel that anyone is to blame.

Resentment

Understandably, you may feel resentful because you have cancer while other people are well. These feelings may crop up from time to time during the course of your illness and treatment. It usually helps to discuss these feelings, rather than keeping them to yourself.

Isolation and depression

There may be times when you want to be left alone to work through your thoughts and emotions. This can be hard for your family and friends, who want to share this difficult time with you. It may help them cope if you reassure them that, although you don't feel like discussing your illness at the moment, you'll talk to them about it when you're ready.

Sometimes, depression can stop you wanting to talk. If you or your family think you may be depressed, discuss this with your GP. They can refer you to a doctor or counsellor who specialises in the emotional problems of people with cancer, or prescribe an antidepressant drug for you.

We have a video at [macmillan.org.uk/depression](https://www.macmillan.org.uk/depression) that may be helpful.

If you are a relative or friend

Some people find it hard to talk about cancer or share their feelings. You might think it's best to pretend everything is fine, and carry on as normal. You might not want to worry the person with cancer, or you might feel you're letting them down if you admit to being afraid. Unfortunately, denying strong emotions can make it even harder to talk, and may lead to the person with cancer feeling very isolated.

Partners, relatives and friends can help by listening carefully to what the person with cancer wants to say. It may be best not to rush into talking about the illness. Often it's enough just to listen and let the person with cancer talk when they are ready.

You may find some of the courses on our Learn Zone website helpful. There are courses to help with listening and talking, to help friends and family support their loved ones affected by cancer. Visit [macmillan.org.uk/learnzone](https://www.macmillan.org.uk/learnzone) to find out more.

Our booklet *Lost for words: how to talk to someone with cancer* has more suggestions if you have a friend or relative with cancer.

If you're looking after a family member or friend with cancer, you may find our booklet *Hello, and how are you?* helpful. It's based on carers' experiences and has lots of practical tips and information.

We have more information about supporting someone with cancer at [macmillan.org.uk/carers](https://www.macmillan.org.uk/carers)

Talking to children

Deciding what to tell your children or grandchildren about your cancer is difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong, and their fears can sometimes be worse than the reality.

How much you tell your children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information and gradually tell them more to build up a picture of your illness.

Teenagers

Teenagers can have an especially hard time. At a stage when they want more freedom, they may be asked to take on new responsibilities and they may feel over-burdened. It's important that they can go on with their normal lives as much as possible and still get the support they need.

If they find it hard to talk to you, you could encourage them to talk to someone close who can support and listen to them, such as a grandparent, family friend, teacher or counsellor. They may also find it useful to look at the website **riprap.org.uk** which has been developed especially for teenagers who have a parent with cancer.

Our booklet *Talking to children when an adult has cancer* includes discussion about sensitive topics. There's also a video on our website that may help, at macmillan.org.uk/talkingtochildren

What you can do

One of the hardest things to cope with can be the feeling that the cancer and its treatment have taken over your life. This is a common feeling, but there are lots of things you can do.

There may be days when you feel too tired to even think about what could help. You'll have good and bad days. If you're overwhelmed by these feelings, let your doctor or nurse know. It may be that you have depression, and this is treatable so they should be able to help.

Finding ways to cope

You may find it helps to try to carry on with life as normally as possible, by staying in contact with friends and keeping up your usual activities.

Or you may want to decide on new priorities in your life. This could mean spending more time with family, going on the holiday you've dreamed about or taking up a new hobby. Just thinking about these things and making plans can help you realise that you still have choices.

Some people want to improve their general health by eating a more healthy diet, by getting fitter or by finding a relaxing complementary therapy.

Understanding the cancer and its treatment helps many people cope. It means they can discuss plans for treatment, tests and check-ups with their doctors and nurses. Being involved in these choices can help give you back control of your life.

Who can help?

Many people are available to help you and your family.

District nurses work closely with GPs and make regular visits to patients and their families at home, if needed.

The **hospital social worker** can give you information about social services and benefits you may be able to claim, such as meals on wheels, a home helper or hospital fares. The social worker may also be able to arrange childcare for you during and after treatment.

In many areas of the country, there are also specialist nurses called **palliative care nurses**. They are experienced in assessing and treating symptoms of advanced cancer. Palliative care nurses are sometimes known as **Macmillan nurses**. However, many Macmillan professionals are nurses who have specialist knowledge in a particular type of cancer. You may meet them when you're at a clinic or in hospital.

Marie Curie nurses help care for people approaching the end of their lives in their own homes. Your GP or hospital specialist nurse can usually arrange a visit by a palliative care or Marie Curie nurse.

There's also specialist help available to help you cope with the emotional impact of cancer and its treatment. You can ask your hospital doctor or GP to refer you to a doctor or counsellor who specialises in supporting people with cancer and their families. Our cancer support specialists on **0808 808 00 00** can tell you more about counselling and can let you know about services in your area.

Work

You may need to take time off work during your treatment and for a while afterwards. It can be hard to judge the best time to go back to work, and this will depend mainly on the type of work you do and how much your income is affected. It's important to do what's right for you.

Getting back into your normal routine can be very helpful, and you may want to go back to work as soon as possible. It can be helpful to talk to your employer about the situation – it may be possible for you to work part-time or job share.

On the other hand, it can take a long time to recover fully from cancer treatment, and it may be many months before you feel ready to return to work. It's important not to take on too much, too soon. Your consultant, GP or specialist nurse can help you decide when and if you should go back to work.

Employment rights

The Equality Act 2010 protects anyone who has, or has had, cancer. Even if a person who had cancer in the past has been successfully treated and is now cured, they are still covered by the act. This means their employer must not discriminate against them for any reason, including their past cancer. The Disability Discrimination Act protects people in Northern Ireland.

Our booklets *Work and cancer*, *Working while caring for someone with cancer* and *Self-employment and cancer* have more information that may be helpful. There's also lots more information at macmillan.org.uk/work

Financial help and benefits

If you're struggling to cope with the financial effects of cancer, help is available.

If you're an employee and unable to work because of illness, you may be able to get Statutory Sick Pay. This is paid by your employer for up to 28 weeks of sickness, and if you qualify for it, your employer can't pay you less.

Before your Statutory Sick Pay ends, check whether you can claim Employment and Support Allowance. This benefit gives financial help to people who are unable to work due to illness or disability. It also provides some support to those who can work.

Disability Living Allowance (DLA) is for people under 65 who have difficulty walking or looking after themselves (or both). You need to have had these difficulties for at least three months to qualify, and they should be expected to last for the next six months. As part of the Welfare Reform Act 2012, DLA will be replaced by a Personal Independence Payment for people of working age from April 2013.

Attendance Allowance is for people aged 65 or over who have difficulty looking after themselves. You may qualify if you need help with personal care, such as getting out of bed, having a bath or dressing yourself. You don't need to have a carer to be eligible, but you must have needed care for at least six months.

If you've been diagnosed with cancer, you have the right to a community care assessment from your local social services department. This is to see whether you need services that the local authority should meet.

Help for carers

If you are a carer, you may be entitled to financial help as well. This may include **Carer's Allowance**, which is the main state benefit for carers, and **Carer's Credit**, which helps carers build up qualifying years for State Pension.

The benefits system can be complicated, so it's a good idea to talk to an experienced benefits adviser. You can speak to one by calling the Macmillan Support Line on 0808 808 00 00. We've just outlined some benefits here, but there may be others available to you.

You can find out more about benefits from Citizens Advice, or by calling the Benefit Enquiry Line on **0800 882 200** (or **0800 220 674** if you live in Northern Ireland). The website **gov.uk** (**nidirect.gov.uk** if you live in Northern Ireland) also has useful information.

See our booklet *Help with the cost of cancer* for more detailed information. Our video at [macmillan.org.uk/gettingfinancialhelp](https://www.macmillan.org.uk/gettingfinancialhelp) may also be useful.

Insurance

People who have or have had cancer may find it harder to get certain types of insurance, including life and travel insurance. An independent financial adviser (IFA) can help you assess your financial needs and find the best deal for you. You can find an IFA by contacting one of the organisations on page 81.

Our leaflet *Getting travel insurance* and our booklet *Insurance* may be helpful.

How we can help you

Cancer is the toughest fight most of us will ever face. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

Get in touch

Macmillan Cancer Support

89 Albert Embankment,
London SE1 7UQ

Questions about cancer?

Call free on **0808 808 00 00**

(Mon–Fri, 9am–8pm)

www.macmillan.org.uk

Hard of hearing?

Use textphone

0808 808 0121 or Text Relay.

Non-English speaker?

Interpreters are available.

Clear, reliable information about cancer

We can help you by phone, email, via our website and publications or in person. And our information is free to everyone affected by cancer.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists provide clinical, financial, emotional and practical information and support to anyone affected by cancer. Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres, and offer you the opportunity to speak with someone face-to-face. Find your nearest one at **macmillan.org.uk/informationcentres**

Publications

We provide expert, up-to-date information about different types of cancer, tests and treatments, and information about living with and after cancer. We can send you free information in a variety of formats, including booklets, leaflets, fact sheets, and audio CDs. We can also provide our information in Braille and large print.

You can find all of our information, along with several videos, online at **macmillan.org.uk/cancerinformation**

Review our information

Help us make our resources even better for people affected by cancer. Being one of our reviewers gives you the chance to comment on a variety of information including booklets, fact sheets, leaflets, videos, illustrations and website text.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk**

Need out-of-hours support?

You can find a lot of information on our website, **macmillan.org.uk**

For medical attention out of hours, please contact your GP for their out-of-hours service.

Someone to talk to

When you or someone you know has cancer, it can be difficult to talk about how you're feeling. You can call our cancer support specialists to talk about how you feel and what's worrying you.

We can also help you find support in your local area, so you can speak face-to-face with people who understand what you're going through.

Professional help

Our Macmillan nurses, doctors and other health and social care professionals offer expert treatment and care. They help individuals and families deal with cancer from diagnosis onwards, until they no longer need this help.

You can ask your GP, hospital consultant, district nurse or hospital ward sister if there are any Macmillan professionals available in your area, or call us.

Support for each other

No one knows more about the impact cancer has on a person's life than those who have been affected by it themselves. That's why we help to bring people with cancer and carers together in their communities and online.

Support groups

You can find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online community

You can also share your experiences, ask questions, get and give support to others in our online community at **macmillan.org.uk/community**

Financial and work-related support

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. Some people may have to stop working.

If you've been affected in this way, we can help. Call the Macmillan Support Line and one of our cancer support specialists will tell you about the benefits and other financial help you may be entitled to.

We can also give you information about your rights at work as an employee, and help you find further support.

Macmillan Grants

Money worries are the last thing you need when you have cancer. A Macmillan Grant is a one-off payment for people with cancer, to cover a variety of practical needs including heating bills, extra clothing, or a much needed break.

Find out more about the financial and work-related support we can offer at [macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)

Learning about cancer

You may find it useful to learn more about cancer and how to manage the impact it can have on your life.

You can do this online on our Learn Zone – [macmillan.org.uk/learnzone](https://www.macmillan.org.uk/learnzone) – which offers a variety of e-learning courses and workshops. There's also a section dedicated to supporting people with cancer – ideal for people who want to learn more about what their relative or friend is going through.

Other useful organisations

British Thyroid Foundation

2nd Floor, 3 Devonshire Place,
Harrogate HG1 4AA

Tel 01423 709707 or 01423
709448

www.btf-thyroid.org

Produces a newsletter and online booklets about the thyroid gland and thyroid cancer. Also runs a network of local support groups.

Butterfly Thyroid Cancer Trust

PO Box 205

Rowlands Gill

Tyne & Wear NE39 2WX

Tel 01207 545469

Email

enquiries@butterfly.org.uk

www.butterfly.org.uk

Offers information, support and encouragement for people with thyroid cancer. You can talk to others with thyroid cancer through their helpline, by email and telephone contact, or by arranging for a buddy to help you through the treatment process.

Hypoparathyroidism UK

6 The Meads, East Grinstead,
West Sussex RH19 4DF

Email liz@hpth.org.uk

www.hypoparathyroidism.org.uk

An information website and support group for people with hypoparathyroidism; a condition that may develop as a result of thyroid surgery.

General cancer support organisations

British Association for Counselling and Psychotherapy (BACP)

BACP House,

15 St John's Business Park,
Lutterworth LE17 4HB

Tel 01455 883 300

Email bacp@bacp.co.uk

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

Cancer Black Care

79 Acton Lane,
London NW10 8UT
Tel 020 8961 4151

Email

info@cancerblackcare.org.uk
www.cancerblackcare.org.uk

Offers information and support for people with cancer from ethnic communities, their friends, carers and families.

Cancer Support Scotland

Shelley Court,
Gartnavel Complex,
Glasgow G12 0YN
Tel 0141 211 0122

Email info@

cancersupportscotland.org
www.

cancersupportscotland.org

Offers information and support to people affected by cancer. Also runs support groups, and provides counselling and complementary therapies.

Irish Cancer Society

43–45 Northumberland Road,
Dublin 4, Ireland
Tel 1800 200 700
(Mon–Thurs, 9am–7pm,
Fri, 9am–5pm)

Email helpline@irishcancer.ie
www.cancer.ie

Has a freephone cancer helpline staffed by nurses trained in cancer care. You can also chat to a nurse online and use the site's message board.

Maggie's Centres

1st Floor, One Waterloo Street,
Glasgow G2 6AY
Tel 0300 123 1801

Email enquiries@
maggiescentres.org

www.maggiescentres.org

Maggie's Centres provide information about cancer, benefits advice, and emotional or psychological support.

Marie Curie Cancer Care

89 Albert Embankment,
London SE1 7TP
Tel 0800 716 146

(Mon–Fri, 9am–5.30pm)

Email supporter.services@
mariecurie.org.uk

www.mariecurie.org.uk

Marie Curie nurses provide free end-of-life care to people in their own homes, or in Marie Curie hospices, 24 hours a day, 365 days a year.

Teenage Cancer Trust

3rd Floor, 93 Newman Street,
London W1T 3EZ

Tel 020 7612 0370

www.

teenagecancertrust.org

A charity devoted to improving the lives of teenagers and young adults with cancer. Run a support network for young people with cancer, their friends and families.

Tenovus

Head Office,
Gleider House, Ty Glas Road,
Cardiff CF14 5BD

Tel 0808 808 1010

www.tenovus.org.uk

Provides a range of services to people with cancer and their families, including counselling and a freephone helpline.

The Ulster Cancer Foundation

40–44 Eglantine Avenue,
Belfast BT9 6DX

Freephone helpline

0800 783 3339

Helpline email

infocis@ulstercancer.org

Tel 028 9066 3281

Email info@ulstercancer.org

www.ulstercancer.org

Provides a variety of services for people with cancer and their families, including a free telephone helpline, which is staffed by specially trained nurses with experience in cancer care.

Counselling, bereavement and emotional support

Cruse Bereavement Care

PO Box 800,
Richmond TW9 1RG

Tel 0844 477 9400

(Mon–Fri, 9.30am–5pm)

Email helpline@cruse.org.uk

**www.crusebereavement
care.org.uk**

Has a UK-wide network of branches that provide bereavement support to anyone who needs it.

You can find your local branch on the website, at **www.crusebereavement
care.org.uk/LocalCruse.html**

Samaritans

Chris, PO Box 9090,
Stirling FK8 2SA

Tel 08457 90 90 90

Email jo@samaritans.org
www.samaritans.org.uk

Provides confidential non-judgemental emotional support, 24 hours a day for people experiencing feelings of distress or despair, including those that could lead to suicide.

Support for carers

Carers Trust (Princess Royal Trust for Carers in Scotland)

32–36 Loman Street,
London SE1 0EH

Tel 0844 800 4361

Email info@carers.org

www.carers.org
www.youngcarers.net

Provides support, information, advice and services for everyone caring at home for a family member or friend. You can find details for UK offices on the website.

Carers UK

20 Great Dover Street,
London SE1 4LX

Tel (England, Scotland, Wales) 0808 808 7777

Tel (Northern Ireland)
028 9043 9843

(Wed–Thurs, 10am–12pm
and 2–4pm)

Email

adviceline@carersuk.org

www.carersuk.org

Offers information and support to carers across the UK. Can put people in contact with support groups for carers in their area.

Financial or legal advice and information

Benefit Enquiry Line (England, Wales, Scotland)

Warbreck House,
Warbreck Hill Road,
Blackpool FY2 0YE

Tel 0800 882 200

(Mon–Fri, 8.30am–6.30pm)

Email BEL-Customer-Services@dwp.gsi.gov.uk

www.gov.uk/browse/benefits/disability

Provides advice and information for disabled people and carers on the range of benefits available.

NI Direct
(Northern Ireland)
Tel 0800 220 674
**[www.nidirect.gov.uk/
money-tax-and-benefits](http://www.nidirect.gov.uk/money-tax-and-benefits)**

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Find details for your local office in the phone book or on one of the following websites:

England and Wales
www.citizensadvice.org.uk

Scotland
www.cas.org.uk

Northern Ireland
www.citizensadvice.co.uk

You can also find advice online in a range of languages at **adviceguide.org.uk**

Personal Finance Society – ‘Find an Adviser’ service

42–48 High Road,
South Woodford
London E18 2JP

Tel 020 8530 0852
www.findanadviser.org
Use the website to find qualified financial advisers in your area.

Unbiased.co.uk

1 Sekforde Street,
London EC1R 0BE

Email

contact@unbiased.co.uk

www.unbiased.co.uk

On the website you can search for qualified advisers who specialise in giving financial advice, mortgage, accounting or legal advice.

Further resources

Related Macmillan information

You may want to order some of the resources mentioned in this booklet. These include:

- *Coping with fatigue*
- *Eating problems and cancer*
- *Getting travel insurance*
- *Giving up smoking*
- *Healthy eating and cancer*
- *Hello, and how are you?*
- *Help with the cost of cancer*
- *How are you feeling?*
- *Insurance*
- *Lost for words: how to talk to someone with cancer*
- *Making treatment decisions*
- *Physical activity and cancer treatment*
- *Self-employment and cancer*

- *Talking about your cancer*
- *Talking to children when an adult has cancer*
- *Understanding cancer research trials (clinical trials)*
- *Understanding chemotherapy*
- *Understanding radiotherapy*
- *Weight management after cancer treatment*
- *Work and cancer*
- *Working while caring for someone with cancer*

To order, visit **be.macmillan.org.uk** or call **0808 808 0000**. All of our information is also available online at **macmillan.org.uk/cancerinformation**

Audio resources

Our high-quality audio materials, based on our variety of booklets, include information about cancer types, different treatments and about living with cancer.

To order your free CD, visit **be.macmillan.org.uk** or call **0808 808 00 00**.

Useful websites

A lot of information about cancer is available on the internet. Some websites are excellent; others have misleading or out-of-date information. The sites listed here are considered by nurses and doctors to contain accurate information and are regularly updated.

Macmillan Cancer Support **www.macmillan.org.uk**

Find out more about living with the practical, emotional and financial effects of cancer. Our website contains expert, accurate, up-to-date information about cancer and its treatments, including:

- all the information from our 100+ booklets and 350+ fact sheets
- videos featuring real-life stories from people affected by cancer and information from medical professionals
- how Macmillan can help, the services we offer and where to get support
- how to contact our cancer support specialists, including an email form to send your questions
- local support groups search, links to other cancer organisations and a directory of information materials
- a huge online community of people affected by cancer sharing their experiences, advice and support.

www.cancer.gov **National Cancer Institute – National Institute of Health – USA)**

Gives comprehensive information on cancer and treatments.

www.cancer.org **(American Cancer Society)**

Nationwide community-based health organisation dedicated to eliminating cancer. It aims to do this through research, education and advocacy.

**www.cancerhelp.org.uk
(Cancer Research UK)**

Contains patient information on all types of cancer and has a clinical trials database.

**www.healthtalkonline.org
www.youthhealthtalk.org
(site for young people)**

Both websites contain information about some cancers and have video and audio clips of people talking about their experiences of cancer and its treatments.

**[www.macmillan.org.uk/
cancervoices](http://www.macmillan.org.uk/cancervoices)
(Macmillan Cancer Voices)**

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

**www.nhs.uk
(NHS Choices)**

NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information you need to make decisions about your health.

**www.nhsdirect.nhs.uk
(NHS Direct Online)**

NHS health information site for England – covers all aspects of health, illness and treatments.

**www.nhs24.com
(NHS 24 in Scotland)**

**[www.nhsdirect.wales.
nhs.uk](http://www.nhsdirect.wales.nhs.uk) (NHS Direct
Wales)**

**www.n-i.nhs.uk
(Health and Social Care
in Northern Ireland)**

**www.patient.co.uk
(Patient UK)**

Provides people in the UK with good-quality information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health- and illness-related websites.

**www.riprap.org.uk
(Riprap)**

Developed especially for teenagers who have a parent with cancer.

Detailed staging of thyroid cancer

Papillary or follicular thyroid cancer in people under 45

Stage 1

The tumour can be of any size and nearby lymph nodes may also be affected, but the tumour has not spread to other parts of the body.

Stage 2

A tumour of any size that has spread to other parts of the body, such as the bones or lungs.

There is no stage 3 or 4 for thyroid cancer in this age group.

Papillary or follicular thyroid cancer in people aged 45 and over

Stage 1

The tumour is no bigger than 2cm and hasn't grown outside the thyroid gland. There has been no spread to either the lymph nodes or to other parts of the body.

Stage 2

The tumour hasn't grown outside the thyroid gland and is between 2–4cm. There has been no spread of the cancer to lymph nodes or to other parts of the body.

Stage 3

The tumour is bigger than 4cm and hasn't grown outside the thyroid gland. Or, the tumour is of any size and has spread just outside the thyroid gland. It has spread to nearby lymph nodes in the neck but not to other parts of the body.

Stage 4A

The tumour may be any size and has spread into surrounding parts of the neck (such as the muscles, nerves or blood vessels). It may have spread to the lymph nodes, but has not affected other parts of the body.

Or, the tumour is any size and may have spread just outside the thyroid gland. It has spread to lymph nodes in the neck away from the thyroid or in the upper chest. The cancer has not spread to other parts of the body.

Stage 4B

The tumour may be any size and has spread to neck tissues near the spine or into nearby large blood vessels. The cancer may also have spread to lymph nodes but not to other parts of the body.

Stage 4C

The cancer has spread to other parts of the body, such as the lung or bones.

Medullary thyroid cancer

Stage 1

The tumour is no bigger than 2cm and hasn't grown outside the thyroid gland. There has been no spread to either the lymph nodes or other parts of the body.

Stage 2

The tumour hasn't grown outside the thyroid gland and is between 2–4cm. There has been no spread of the cancer to lymph nodes or to other parts of the body.

Stage 3

The tumour is any size and may have spread just outside the thyroid gland. It has spread to lymph nodes close to the thyroid, but not to other parts of the body.

Stage 4A

The tumour may be any size and has spread into surrounding parts of the neck (such as the muscles, nerves or blood vessels). It may have spread to the lymph nodes but has not spread to other parts of the body.

Or, the tumour is any size and may have spread just outside the thyroid gland. It has spread to lymph nodes in the neck away from the thyroid or in the upper chest but not to other parts of the body.

Stage 4B

The tumour may be any size and has spread to neck tissues near the spine or into nearby large blood vessels. The tumour may also have spread to lymph nodes but not to other parts of the body.

Stage 4C

The cancer has spread to other parts of the body, such as the lung or bones.

Anaplastic cancer

Everyone diagnosed with anaplastic cancer of the thyroid is considered to be at stage 4. This stage is divided into three stages depending on how far the cancer has spread, and whether it can be removed with surgery.

Stage 4A

The tumour is any size and contained within the thyroid gland. Lymph nodes may also be affected, but the cancer has not spread to other parts of the body.

Stage 4B

The tumour is any size and it has begun to affect the soft tissues of the neck. Lymph nodes may also be affected, but the cancer has not spread to other parts of the body.

Stage 4C

The cancer has spread to other parts of the body, such as the lung or bones.

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our medical editor, Dr Terry Priestman, Consultant Clinical Oncologist.

With thanks to: Sonja Hoy, Clinical Nurse Specialist; Mr Radu Mihai, Consultant in Endocrine Surgery; Dr Nicholas Reed, Consultant Clinical Oncologist; Dr Jonathan Wadsley, Consultant Clinical Oncologist; and the people affected by cancer who reviewed this edition.

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Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

(Please delete as appropriate)
I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:
Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Issue no

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Security number

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Signature

Date / /

Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

Cancer is the toughest fight most of us will ever face. If you or a loved one has been diagnosed, you need a team of people in your corner, supporting you every step of the way. That's who we are.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community supporting you online, any time. The fundraisers who make it all possible.

You don't have to face cancer alone.
We can give you the strength to get through it.
We are Macmillan Cancer Support.

Questions about living with cancer?
Call free on 0808 808 00 00 (Mon–Fri, 9am–8pm)
Alternatively, visit macmillan.org.uk

Hard of hearing? Use textphone
0808 808 0121, or Text Relay.
Non-English speaker? Interpreters available.

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Next planned review 2014. Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604).

 The Information Standard	This organisation has been certified as a producer of reliable health and social care information. www.theinformationstandard.org
Certified member	

Printed using sustainable material. Please recycle.

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MACMILLAN.
CANCER SUPPORT**