



THYROID CANCER

*What to Know,
Where to Go*

Endocrine surgeon Stacie Kahan shares insights on the symptoms and treatments of this fast-growing but highly treatable cancer.

BY DONNA ZUCKER

Thyroid cancer is now the fastest growing cancer for women. “The good news,” says Dr. Stacie Kahan, an endocrine surgeon at White Plains Hospital, “is that this type of cancer is treatable and often curable.” While the incidence is higher for women, she says it is a slow-growing cancer with a favorable prognosis. Moreover, the treatment is becoming less aggressive, and the recovery manageable. According to the American Cancer Society, thyroid cancer can occur at any age but most often affects women in their 40s or 50s. Below Dr. Kahan provides a guide to help women navigate this type of cancer from detection to treatment to post-surgical care.



Stacie Kahan, MD
Endocrinologist

Symptoms

A key to detecting thyroid cancer is observing a nodule or lump, which is an overgrowth of tissue in the gland. While most patients do not show symptoms, a nodule may be detected during a thyroid examination, which is often included in annual physicals with a primary care doctor or gynecologist. “Some women may notice a nodule while looking in the mirror, buttoning a collar, or fastening a necklace,” Dr. Kahan says. Lumps may also be discovered on imaging ordered for another purpose. Dr. Kahan says that while most nodules are not cancerous, it is important to talk to your doctor if you find one.

Diagnosis

The first step is an ultrasound. If it shows that the nodule is of a certain size or has particular features, a biopsy may be warranted. “It is usually through the biopsy that we arrive at the diagnosis or suspicion of thyroid cancer,” Dr. Kahan says.

The patient will likely be directed to an endocrinologist. “They are the gatekeepers,” she says. “For other cancers there is an oncologist; for thyroid, it is the endocrinologist.” The endocrinologist can provide individualized treatment plans. Dr. Kahan says patients may form a lifelong relationship with their endocrinologist, particularly if the entire thyroid is removed. So finding an endocrinologist that makes you feel comfortable from the beginning can be beneficial.

Treatment

Dr. Kahan tends to see patients after diagnosis. She

says the most common types of thyroid cancer are papillary or follicular, which account for more than 90 percent of incidences. There are rare thyroid cancers that may require specific treatment, but Dr. Kahan says the primary and most effective treatment is surgery. The procedure involves the removal of either half the thyroid or the entire gland. If the cancer spreads, surgical removal of the nodes may be included as part of the operation.

“I think when we take care of our neighbors, there is a different sense of responsibility. It’s like taking care of family.”

For some, surgery is the only treatment needed. For others, radioactive iodine ablation (RAI) may be necessary. “This is generally a one-time treatment,” Dr. Kahan says, adding that it can rid the patient of residual thyroid cells following surgery. RAI differs from chemotherapy or radiation in that “it is typically well tolerated with minimal adverse reactions,” she explains.

Recovery

Following surgery, patients need to follow up with their surgeon and endocrinologist. After a total thyroidectomy, or removal of the thyroid, thyroid hormone is essential, and patients will need to take thyroid hormone replacement daily for the rest of their lives.

“Overall, the prognosis of thyroid cancer is excellent,” Dr. Kahan says. It is one of the reasons Dr. Kahan finds this medicine so satisfying and why she remains optimistic about treatment. “There is not a lot of pain, and people do well with the operation,” she says. “Even those with more advance cases can live well while living with cancer.”•

DR. KAHAN AT WHITE PLAINS HOSPITAL

“I think it is refreshing for female patients to be treated by a female surgeon,” Dr. Kahan says. “Surgery is foreign and terrifying at times, and I hope to bring some level of comfort and relatability to the experience.”

Dr. Kahan stresses that thyroid cancer requires a multidisciplinary team with exceptional patient care. The unit at White Plains Hospital works closely to treat a patient in a complete and comprehensive way from diagnosis to post-surgical recovery. There is a great deal of respect and communication between the physicians of different disciplines. Dr. Kahan says this interaction is critical to providing the best care. In particular, she notes the needs of the patient on the day of the operation. “The interactions with all teams and staff that day is key,” she says. “It is the time when a patient feels the most vulnerable.”

Patients who undergo surgery at the Hospital typically stay overnight and go home after breakfast the next morning. “I recommend that patients take a week off from life, but the truth is, patients generally feel well after surgery,” Dr. Kahan says. She tells patients to expect a sore throat for a couple days and fatigue. Beyond those symptoms, most patients return to a normal life and healthy state very quickly.

Dr. Kahan, who began working at White Plains Hospital only three years ago, is already deeply invested in the Hospital and the community she serves. “I think when we take care of our neighbors, there is a different sense of responsibility,” she says. “It’s like taking care of family.”

Incidence & Risk

According to the American Thyroid Association, in 2016 an estimated **64,000** patients were diagnosed with thyroid cancer, compared to more than **240,000** patients with breast cancer. Family history and radiation exposure are potential risk factors; however, most patients do not know the cause. While there is no way to prevent thyroid cancer, Dr. Kahan says early detection and treatment are the key to success.