

Thyroid Nodules

What is a thyroid nodule?

Your thyroid gland is in your neck near your vocal cords. Sometimes cells in the thyroid gland can grow too much. This makes a lump called a nodule. Most thyroid nodules are not cancer (benign).

What are the signs of a nodule?

Usually, people don't notice any signs of thyroid nodules. Your health care team may find them during regular visits. They may also show up in scans taken for other reasons. Very rarely, large nodules can cause swallowing or breathing problems.

What causes them?

Most often, we don't know the cause for a nodule. Here are some conditions that raise your risk of getting nodules:

- Getting radiation treatment in your neck as a child or young adult
- Not getting enough iodine as a child
- A thyroid disease called *Hashimoto's thyroiditis*

Cancer and thyroid nodules

How common is cancer in thyroid nodules?

Fewer than 1 in 10 thyroid nodules are cancer. Some thyroid nodules have tiny cancers (the size of a pin head) inside. Your doctor may call these tumors microcancers. Microcancers are harmless and often stay that way for many years.

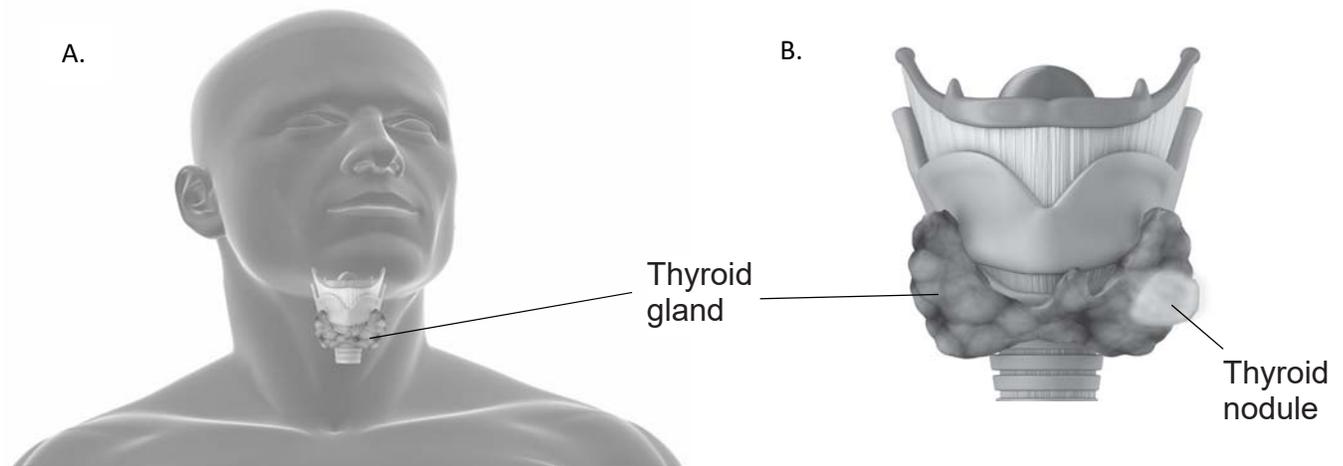
How serious is cancer in thyroid nodules?

Cancers found in thyroid nodules are easy to treat. Sometimes, microcancers don't even need surgery. Common treatments include surgery, oral radioactive iodine, and actively watching the cancer to see if it is growing.

How does my doctor find out if a nodule is cancer?

- Blood tests to check how your thyroid is working
- Ultrasound imaging of your neck
- Fine needle aspiration, if your doctor needs more information about your nodule

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A. Location of thyroid gland. B. Thyroid nodule

What is fine needle aspiration (FNA)?

Your care team collects some cells from your nodule using a very thin needle. The sample of cells is called a biopsy. A laboratory looks at the cells under a microscope to check for cancer. In 7–10 days, the lab sends results to your care team.

How do I get ready?

You do not need to do anything special to get ready. You can eat and drink as usual before FNA.

Most people do not have any pain during FNA. Some patients compare it to having blood drawn from a vein.

Your care team may numb an area on your neck with medicine. Tell your care team if you are allergic to numbing medicines.

You can usually go home or back to work right after your appointment. You can eat and drink as usual.

What do the results mean?

In 7–10 days after FNA, the results will be available. Your care team will talk with you about the results and work with you to find the best way to treat the nodule, if needed. Here are some terms you may see in your test results:

- **Non-cancerous or benign.** The nodule does not have any cancer cells. It probably does not need to be removed. You may need another biopsy in the future, especially if the nodule gets bigger.
- **Cancerous or malignant.** Most of the time, doctors take out remove thyroid nodules that have cancer. Some microcancers stay harmless for many years and do not need surgery.
- **Non-diagnostic or inadequate.** This result means the sample taken with FNA did not have enough cells to tell if cancer is present. This is common if the nodule has fluid in it (called a cyst).
- **Follicular Lesion of Unknown Significance or Follicular Neoplasm (FLUS or FN).** The lab could not tell cancer is present using a microscope test. You need gene testing to learn more.

Gene Testing

Gene tests look for abnormal DNA in cells. This can help your doctor see if there is cancer in the cells from the nodule. Gene testing can prevent you from getting surgery when you don't need it. If cancer is present, DNA tests on the biopsy can help your care team decide on the best treatment.

Surgery

If you need surgery to remove the nodule, your doctor has several options:

- Taking out only the nodule
- Removing a lobe from your thyroid gland
- Taking out half of your thyroid gland
- Taking out your entire thyroid gland

You will need to take a thyroid hormone pill every day if you have the entire gland taken out. Most patients do not need to take a pill if some of the thyroid gland remains in place.

What if I don't need surgery?

Your doctor may recommend follow-up visits every 6–12 months. You will need to check your neck for changes regularly. Your care team will teach you how and how often.

Questions or concerns?

Monday–Friday, 8 a.m.–5 p.m.

801-213-4266 or call your care team at:

Monday–Friday, 5 p.m.–8 a.m., weekends, and holidays

801-587-7000. Ask for the cancer doctor on call.