

THYROID, HEAD AND NECK ONCOLOGY MANAGEMENT TEAM

Overview

This management team is dedicated to the care of cancers in the head and neck region, including malignancies of the thyroid gland; the salivary glands; and the aerodigestive tract, which includes oral cavity, pharynx, larynx, nasal cavity, nasopharynx, and sinuses. It focuses on multidisciplinary team consultation with surgeons, radiation oncologists, medical oncologists, pathologists, and, in the case of thyroid cancer, endocrinologists. Thyroid cancers are highly curable with appropriate staging and treatment. For primary head and neck cancers, the two major goals are controlling the disease and maintaining a good quality of life.

Highlights

● **Patient treatment plans can include advanced radiation therapy modalities** using external beam, radioiodine, and Thyrogen®.

● **One of the most recent advances in the surgical treatment of thyroid cancer available to our patients** is minimally invasive video-assisted thyroidectomy (MIVAT), which uses much smaller incisions than the traditional thyroidectomy and results in smaller scars and less post-operative pain.

● **For early stage head and neck cancer, the teams may utilize single modality treatment,** for example surgery, endoscopic laser, or radiation. These have the benefit of shorter hospital stays and good functional outcomes. Later Stage III and some Stage IV cancers are

typically treated with chemotherapy and radiation.

● **The team also provides reconstruction of surgical defects after cancer removal** to restore both functionality and aesthetics in the head and neck area.

TEAM MEMBERS

Surgery: Ghassan Samara, MD, and Frances Tanzella, NP

Medical Hematology/Oncology: Roger Keresztes, MD, and Andrzej Kudelka, MD

Endocrinology: Harold Carlson, MD; Marie Gelato, MD; and Harmeet Narula, MD

Pathology: Alan Heimann, MD

Radiation Oncology: Edward Valentine, MD, and Tamara Weiss, MD

Radiology: Corazon Cabahug, MD; Dinko Francheschi, MD; and Robert Matthews, MD

THYROID CANCER SITE-SPECIFIC SUMMARY

The National Cancer Institute estimates 37,340 new cases of thyroid cancer will be diagnosed in the United States in 2008, and 1,590 deaths will be attributed to it. Thyroid cancer occurs more commonly in female patients, with a 4 to 1 ratio nationwide. The majority of patient age group at diagnosis is the fourth and fifth decades, although it may occur in all adult age groups. Early stage thyroid cancer is usually diagnosed by palpation of a neck nodule. Fine needle aspirate or surgical excision usually determines the diagnosis.

Treatment for thyroid cancer at Stony Brook University Medical Center is determined by a team of specialists, including a diagnostic radiologist, surgeon, endocrinologist, radiation oncologist, and medical oncologist, and depends on the histologic cell type, size of the tumor nodule, patient's age, and stage at diagnosis. The prognosis is generally excellent when detected early and treated appropriately. Primary treatment modalities include surgical thyroidectomy, lymph-node dissection, radioactive iodine therapy, external beam radiation therapy, Thyrogen®, and systemic therapy with hormones and chemotherapy.

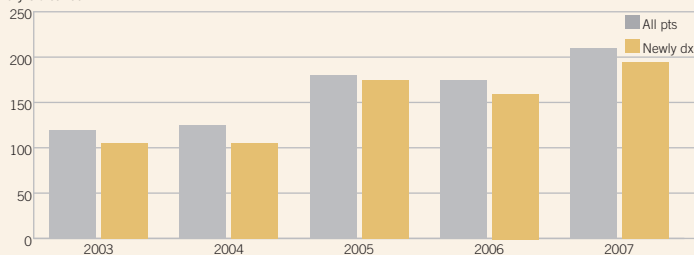
The majority of patients seen at Stony Brook between 2003 and 2007 were in the early stages of disease and received surgical resection, followed by adjuvant treatment with radioactive iodine, a type of radiation usually administered orally, and endocrine hormone therapy. Use of total thyroidectomy versus thyroid lobectomy in patients with thyroid cancer greater than one centimeter in size has improved survival. Cure rates for early stage thyroid cancer have increased from 80% in the 1960s to greater than 90% today. This can be attributed to early detection of thyroid nodules, advances in timing and type of surgical procedures, and the increased use of radioactive iodine (131-I), and the ability to use it at higher doses. Advances in radioiodine administration, including the ability to administer this treatment on an outpatient basis, has improved patient satisfaction and compliance. The use of Thyrogen® as the method of patient preparation for treatment instead of taking the patient off all thyroid hormones, which subsequently leaves them hypothyroid and symptomatic, has improved the patient's quality of life during treatment.

Summary prepared by Vencine Kelly, CTR, Cancer Registry, with Tamara Weiss, MD, Radiation Oncology.

INCIDENCE BY YEAR

Thyroid Cancer

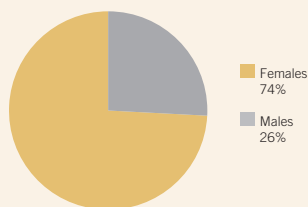
All thyroid cancer patients first seen at SBUMC in 2003 through 2007 vs. those first seen with a new diagnosis of thyroid cancer



GENDER INCIDENCE

Thyroid Cancer

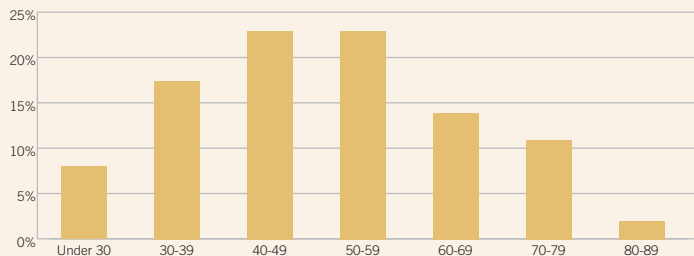
840 patients first seen for thyroid cancer at SBUMC in 2003 through 2007



AGE AT DIAGNOSIS

Thyroid Cancer

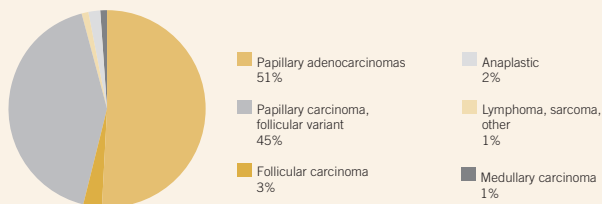
840 cases first seen at SBUMC 2003-2007, all patients including newly diagnosed and those for retreatment



HISTOLOGY

Thyroid Cancer

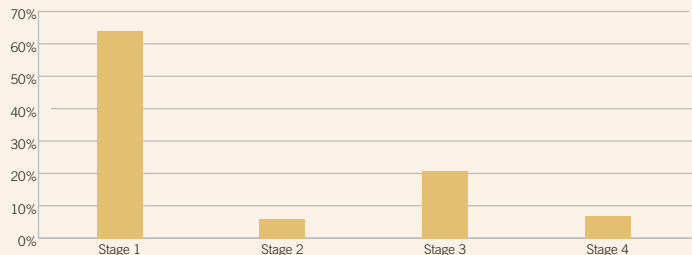
748 newly diagnosed patients first seen at SBUMC 2003-2007



STAGE AT DIAGNOSIS

Thyroid Cancer

748 newly diagnosed patients first seen at SBUMC 2003-2007



TREATMENT MODALITIES

Thyroid Cancer

748 newly diagnosed patients treated at SBUMC 2003-2007

- Complete surgical thyroidectomy
- Partial surgical thyroidectomy
- Lymph-node dissection
- Radioactive iodine
- External beam radiation therapy
- Thyrogen®
- Endocrine hormone therapy
- Chemotherapy

5-YEAR SURVIVAL

Thyroid Cancer by TNM Stage Group

Comparing observed survival for patients diagnosed 1998-2000 for 218 analytic cases at SBUMC and 203,560 cases from the NCDB nationwide

1998 thru 2000	Stage 1	Stage 2	Stage 3	Stage 4
SBUMC n=218	95.99% n=132	89.28% n=58	75.70% n=25	33% n=3
NCDB n=36,223	97.9% n=21,422	94.0% n=8,248	85.4% n=4,964	30.3% n=1,589

5-YEAR SURVIVAL

Thyroid Cancer All Stages

Comparing patients diagnosed 1998-2000 for 218 analytic cases at SBUMC and 203,560 cases from the NCDB nationwide

