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# Thyroid Cancer Early Detection, Diagnosis, and Staging

Know the signs and symptoms of thyroid cancer. Find out how thyroid cancer is tested for, diagnosed, and staged.

## Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- [Can Thyroid Cancer Be Found Early?](#)
- [Signs and Symptoms of Thyroid Cancer](#)
- [Tests for Thyroid Cancer](#)

## Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- [Thyroid Cancer Stages](#)
- [Thyroid Cancer Survival Rates, by Type and Stage](#)

## Questions to Ask About Thyroid Cancer

Get some questions you can ask your cancer care team to help you better understand your diagnosis and treatment options.

- [Questions to Ask About Thyroid Cancer](#)

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# Can Thyroid Cancer Be Found Early?

Many thyroid cancers can be found early. In fact, most thyroid cancers are now found much earlier than in the past and can be [treated](#)<sup>1</sup> successfully.

- [How is thyroid cancer found?](#)
- [Screening for thyroid cancer](#)

## How is thyroid cancer found?

Screening for thyroid cancer isn't recommended for most people. Still, most thyroid cancers are found early, when people see their doctors because they notice a lump or swelling in their neck. If you have this, or other possible \_\_\_\_\_

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## Signs and Symptoms of Thyroid Cancer

Thyroid cancer can cause any of the following signs or symptoms:

- A lump in the front of the neck, sometimes growing quickly
- Swelling in the neck
- Pain in the front of the neck, sometimes going up to the ears
- Hoarseness or other voice changes that do not go away
- Trouble swallowing
- Trouble breathing
- A constant cough that is not due to a cold
- A lump (or lumps) on the side of the neck

Many of these symptoms can also be caused by non-cancerous conditions or even other cancers of the neck area.

Lumps in the thyroid are common and are usually not cancer. Still, if you have any of these symptoms, it's important to see a doctor so the cause can be found and treated, if needed.

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# Tests for Thyroid Cancer

Sometimes, thyroid cancer is found when a person goes to a doctor because they are having [signs or symptoms](#)<sup>1</sup>. It might also be found during a routine physical exam, or during tests done for another reason.

If there is reason to suspect you might have thyroid cancer, your health care team will use one or more tests to confirm your diagnosis. If cancer is found, other tests might be done to find out more about your cancer.

- [Medical history and physical exam](#)
- [Imaging tests](#)
- [Vocal cord exam \(laryngoscopy\)](#)
- [Biopsy](#)
- [Blood tests](#)

## Medical history and physical exam

If you have signs or symptoms that suggest you might have thyroid cancer, your health care provider will ask about your symptoms. They may also ask about your medical history, possible [risk factors](#)<sup>2</sup> (including your family history), and any other health

problems or concerns you have.

Your doctor will then examine you. During the exam, the doctor will pay special attention to the size and firmness of your thyroid and any enlarged lymph nodes in your neck.

## Imaging tests

Imaging tests use x-rays, sound waves, or other ways to look inside your body. These tests might be done for several reasons, including to:

- Help find (or get a better look at) suspicious areas that might be cancer
- Learn how far cancer may have spread
- Help tell if treatment is working

If you have thyroid cancer, or there is reason to believe you might have it, you will likely get one or more of the following imaging tests.

### Ultrasound

[Ultrasound](#)<sup>3</sup> uses sound waves and their echoes to create images of parts of your body. You are not exposed to radiation during this test.

Ultrasound can help determine if a thyroid nodule is solid or filled with fluid. (Solid nodules are more likely to be cancer.) It can also be used to check the number and size of thyroid nodules, as well as help determine if any nearby lymph nodes in your neck are enlarged, which might be a sign of thyroid cancer.

are not used for this cancer.

### ***How a radioiodine scan works***

For this test, a small amount of radioactive iodine (called *I-131*) is swallowed (usually as a pill) or injected into a vein. Over time, the iodine is absorbed by the thyroid gland (or thyroid cells anywhere in the body). A special camera is used several hours later to see where the radioactivity is located.

### ***During the scan***

You might have a thyroid scan or a whole-body radioiodine scan, depending on your situation.

**Thyroid scan:** During a thyroid scan, the camera is placed in front of your neck to measure the amount of radiation in your thyroid gland.

Areas that take up more radiation are called *hot nodules*. Hot nodules are usually not cancer. Abnormal areas of the thyroid that have less radioactivity than the surrounding tissue are called *cold nodules*. Cold nodules can be benign (non-cancerous) or they can be cancerous.

Because both benign and cancerous nodules can appear cold, this test by itself can't diagnose thyroid cancer.

**Whole-body radioiodine scan:** After [surgery for thyroid cancer](#)<sup>4</sup>, whole-body radioiodine scans can be useful to look for possible cancer spread throughout the body. These scans become even more sensitive if the entire thyroid gland has been removed by surgery, because more of the radioactive iodine is picked up by any remaining thyroid cancer cells.

### ***Increasing TSH levels before the scan***

Radioiodine scans work best in people who have high blood levels of thyroid-stimulating hormone (TSH, or thyrotropin).

For people whose thyroid has been removed, TSH levels can be increased by stopping thyroid hormone pills for a few weeks before the test. This leads to low thyroid hormone levels (hypothyroidism) and causes the pituitary gland to release more TSH, which in turn stimulates any thyroid cancer cells to take up the radioactive iodine.

A downside of this is that it can cause the symptoms of hypothyroidism, including tiredness, depression, weight gain, sleepiness, constipation, muscle aches, and reduced concentration. One way to raise TSH levels without withholding thyroid hormone is to give an injectable form of thyrotropin (Thyrogen) before the scan.

Because any iodine already in the body can affect this test, people are usually told to avoid foods or medicines that contain iodine for a few days before the scan.

### ***Using radioactive iodine to treat differentiated thyroid cancer***

Radioactive iodine can also be used to treat differentiated thyroid cancer, but it is given in much higher doses. This type of treatment is described in [Radioactive Iodine \(Radioiodine\) Therapy](#)<sup>5</sup>.

### **Computed tomography (CT) scan**

A [CT scan](#)<sup>6</sup> uses x-rays to make detailed cross-sectional images of your body. It can help determine the location and size of thyroid cancers and whether they have spread to nearby areas, although an ultrasound of the neck is usually done first. A CT scan can also be used to look for spread into distant organs such as the lungs.

One problem with using CT scans is that the CT contrast dye contains iodine, which can interfere with radioiodine scans. For this reason, many providers prefer to use MRI for differentiated thyroid cancer.

### **Magnetic resonance imaging (MRI)**

[MRIs](#)<sup>7</sup> use radio waves and strong magnets instead of radiation to create detailed cross-sectional images of your body. MRI can provide very detailed images of soft tissues such as the thyroid gland and nearby lymph nodes. However, an ultrasound of the neck is usually the first test done to look at the thyroid.

MRI might also be used to look for cancer spread to other parts of the body, although this is less common.

### **Positron emission tomography (PET) scan**

A [PET scan](#)<sup>8</sup> can be useful if your thyroid cancer doesn't take up radioactive iodine. In this situation, the PET scan may be able to tell whether the cancer has spread.



## Vocal cord exam (laryngoscopy)

Thyroid cancers can sometimes affect the vocal cords. If you have voice changes, or if you're going to have surgery to treat thyroid cancer, a procedure called a [laryngoscopy](#)<sup>9</sup> may be done to see if your vocal cords are moving normally.

For this exam, the doctor looks down your throat at your larynx (voice box) using either special mirrors or a laryngoscope, a thin tube with a light and a lens on the end for viewing.

## Biopsy

The actual diagnosis of thyroid cancer is made with a **biopsy**. During a biopsy, small pieces from the suspicious area are removed. These pieces are looked at in the lab to see if cancer cells are present.

Doctors usually decide whether a biopsy is needed based on how a thyroid nodule looks during an ultrasound. Some features make it more likely that the nodule is cancer.

## Fine needle aspiration (FNA) biopsy

If your doctor thinks a biopsy is needed, the simplest way to find out if a thyroid nodule is cancer is with a [fine needle aspiration \(FNA\)](#)<sup>10</sup>. This type of biopsy can sometimes be done in your doctor's office or clinic.

Before the biopsy, local anesthesia (numbing medicine) might be injected into the skin over the nodule, but in most cases it isn't needed. The doctor will put a thin, hollow needle directly into the nodule to aspirate (remove) some cells and a few drops of fluid into a syringe. The doctor usually repeats this a few times, taking samples from several

Sometimes the test results might come back as “suspicious” or “of undetermined significance” when the FNA findings don’t show for sure if the nodule is cancer or not. If this happens, the doctor may order lab tests on the sample (see below).

If the diagnosis isn’t clear after an FNA, you might need a different type of biopsy to get a larger sample, especially if the doctor has reason to think the nodule may be cancer. This might be done with a [core biopsy](#)<sup>11</sup> using a larger needle, a surgical “open” biopsy to remove the nodule, or a [lobectomy](#)<sup>12</sup> (removal of half of the thyroid gland).

Surgical biopsies and lobectomies are done in an operating room while you are under general anesthesia (in a deep sleep).

A lobectomy can also be the main treatment for some early cancers, although for many cancers the rest of the thyroid will need to be removed as well (during an operation called a [completion thyroidectomy](#)<sup>13</sup>).

### Lab tests of biopsy (or other) samples

Your doctor might order **molecular tests** to look for specific gene changes in the cancer cells. This might be done for a few different reasons:

- **For diagnosis:** If FNA biopsy results aren’t clear, the doctor might order lab tests on the samples to see if there are changes in the *BRAF* or *RET/PTC* genes. Finding one of these changes makes thyroid cancer much more likely.
- **For making treatment decisions:** For some types of thyroid cancer, molecular tests (sometimes called [biomarker tests](#)<sup>14</sup>) might be done to see if the cancer cells have changes in certain genes (such as the *BRAF*, *RET/PTC*, or *NTRK* genes). This could mean that certain [targeted drugs](#)<sup>15</sup> might be helpful in treating the cancer, especially if it is advanced.

These tests can be done on samples taken during a biopsy or during surgery for thyroid cancer. If the biopsy sample is too small to do the needed molecular tests, some molecular tests may also be done on blood that is taken from a vein, just like a regular blood draw. This is known as a [liquid biopsy](#)<sup>16</sup>. The results of this testing can then be compared with what is already known about the cancer.

needed.

Blood tests can also be used to monitor certain thyroid cancers.

### **Thyroid-stimulating hormone (TSH)**

To check the overall activity of your thyroid gland, your doctor might test the levels of thyroid-stimulating hormone (TSH or thyrotropin) in your blood. TSH is made by the pituitary gland. Your TSH level might be high if your thyroid isn't making enough hormones.

This information can be helpful when choosing which imaging tests (such as ultrasound or radioiodine scans) to use to look at a thyroid nodule.

The TSH level is usually normal in people with thyroid cancer.

### **T3 and T4 (thyroid hormones)**

T3 and T4 are the main hormones made by the thyroid gland. Levels of these hormones may be measured to get a sense of thyroid gland function.

The T3 and T4 levels are usually normal in people with thyroid cancer.

### **Thyroglobulin**

Thyroglobulin is a protein made by your thyroid gland. Measuring the thyroglobulin level in the blood can't be used to diagnose thyroid cancer, but it can often be helpful after treatment.

A common way to treat thyroid cancer is to remove most of the thyroid with surgery and then use [radioactive iodine](#)<sup>17</sup> to destroy any remaining thyroid cells. These treatments should lead to a very low level of thyroglobulin in the blood within several weeks.

If this doesn't happen, it might mean that there are still thyroid cancer cells in the body. If the level rises again after being low, it could be a sign that the cancer has come back.

### **Calcitonin**

Calcitonin is a hormone that helps control how your body uses calcium. It is made by C cells in the thyroid. C cells are the cells that can develop into medullary thyroid cancer (MTC).

If MTC is suspected, or if you have a family history of the disease, blood tests of calcitonin levels can help look for MTC. This test is also used to look for the possible recurrence of MTC after treatment. Calcitonin can affect blood calcium levels, so this might be checked as well.

### **Carcinoembryonic antigen (CEA)**

People with MTC often have high blood levels of a protein called carcinoembryonic antigen (CEA). Tests for CEA can help monitor this type of thyroid cancer.

### **Other blood tests**

You might have other blood tests as well. For example, if you are scheduled to have surgery, tests will be done to check your blood cell counts, to look for bleeding disorders, and to check your liver and kidney function.

If you have medullary thyroid carcinoma (MTC) and are scheduled to have surgery, you might need additional blood tests to check for tumors called **pheochromocytomas**. MTC is sometimes caused by a genetic syndrome that can also result in this type of tumor. Pheochromocytomas can release hormones that might cause problems during surgery while you are under anesthesia (in a deep sleep).

Tests to check for pheochromocytomas can include blood tests for **epinephrine** (adrenaline) and a related hormone called **norepinephrine**, and/or urine tests for their breakdown products (called **metanephrines**).

## **Hyperlinks**

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# Thyroid Cancer Stages

The AJCC TNM system is based on 3 key pieces of information:

- The size and extent of the main (primary) **tumor (T)**: How large is the tumor? Has it grown into nearby structures?  
Spread to nearby lymph **nodes (N)**:

show that the cancer has spread farther than what was seen on imaging tests. If this is the case, the pathological stage might be higher than the clinical stage.

There are slightly different staging systems for differentiated (papillary or follicular), anaplastic, and medullary thyroid cancers, so they are described in separate tables below.

Cancer staging can be complex. You can always ask your cancer care team to explain your stage in a way you understand.

## **Differentiated (papillary or follicular) thyroid cancer**



		<b>N0 or NX</b> <b>M0</b>	but no larger than 4 cm and is still just in the thyroid (T2). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
<b>II</b>		<b>T1</b> <b>N1</b> <b>M0</b>	The main tumor is no larger than 2 cm X823 Tm /he ches] g 1 0 0 1 23


	<b>M0</b>	nodes (Any N). It has not spread to distant parts of the body (M0).
	OR	
	<b>T4</b> <b>Any N</b> <b>M0</b>	The main tumor can be any size, but it has grown beyond the thyroid into nearby tissues of the neck, such as the larynx (voice box), trachea (windpipe), esophagus (tube connecting the throat

	<b>N0</b>	across and is still just in the thyroid (T2).
	<b>M0</b>	The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
OR		
	<b>T3</b>	The main tumor is larger than 4 cm across and is still just in the thyroid, or it is any size but is growing into the strap muscles around the thyroid (T3).
	<b>N0</b> <b>M0</b>	The cancer has not spread to nearby lymph nodes (N0) or to distant sites (M0).
<b>III</b>	<b>T1, T2, or T3</b>	The main tumor is any size and might be growing outside of the thyroid, but it has not grown beyond the strap muscles around the thyroid (T1, T2, T3).
	<b>N1a</b>	The cancer has spread to lymph nodes in the neck (pretracheal, paratracheal, prelaryngeal, or upper mediastinal nodes) (N1a), but it has not spread to other lymph nodes or to distant parts of the body (M0).
	<b>M0</b>	
<b>IVA</b>	<b>T4a</b>	The main tumor is any size and has grown beyond the thyroid gland into nearby tissues of the neck, such as the larynx (voice box), trachea (windpipe), esophagus (tube connecting the throat to the stomach), or the nerve to the larynx (T4a).
	<b>Any N</b>	
	<b>M0</b>	The cancer might or might not have spread to nearby lymph nodes (Any N). It has not spread to distant parts of the body (M0).
OR		
	<b>T1, T2, or T3</b>	The main tumor is any size and might be growing outside of the thyroid, but it has not grown beyond the strap muscles around the thyroid (T1, T2, T3).
	<b>N1b</b>	The cancer has spread to lymph nodes in the neck farther away from the thyroid, such as cervical or jugular nodes (N1b). It has not spread to distant parts of the body (M0).
	<b>M0</b>	
<b>IVB</b>	<b>T4b</b> <b>Any N</b>	The main tumor is any size and has grown either back toward the spine or into nearby large blood vessels (T4b).



## and Stage

This represents the most up-to-date survival rate information for thyroid cancer.

Survival rates can give you an idea of what percentage of people with the same type and stage of cancer are still alive a certain amount of time (usually 5 years) after they were diagnosed. This information can't tell you how long you will live, but it may help give you a better understanding of how likely it is that your treatment will be successful.

**Keep in mind that survival rates are estimates and are often based on previous outcomes of large numbers of people who had a specific cancer, but they can't predict what will happen in any one person's case.**

**These statistics can be confusing and may lead you to have more questions. Ask your cancer care team how these numbers might apply to you.**

- [What is a 5-year relative survival rate?](#)
- [Where do these numbers come from?](#)
- [5-year relative survival rates for thyroid cancer](#)
- [Understanding the numbers](#)

### What is a 5-year relative survival rate?

A **relative survival rate** compares people with the same type and stage of thyroid cancer to people in the overall population.

For example, if the **5-year relative survival rate** for a specific stage of thyroid cancer is 90%, it means that people who have that cancer are, on average, about 90% as likely as people who don't have that cancer to live for at least 5 years after being diagnosed.

### Where do these numbers come from?

The American Cancer Society relies on information from the Surveillance, Epidemiology, and End Results (SEER) database, maintained by the National Cancer Institute (NCI), to provide survival statistics for different types of cancer.

The SEER database tracks 5-year relative survival rates for thyroid cancer in the United

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groups cancers into localized, regional, and distant stages:

- **Localized:** There is no sign the cancer has spread outside of the thyroid.
- **Regional:** The cancer has spread outside of the thyroid to nearby structures.
- **Distant:** The cancer has spread to distant parts of the body, such as the lungs.

## 5-year relative survival rates for thyroid cancer

These numbers, which are the most recent available, are based on people diagnosed with thyroid cancer between 2012 and 2018.

### Papillary thyroid cancer

SEER Stage	5-Year Relative Survival Rate
Localized	>99.5%
Regional	99%
Distant	74%
All SEER stages combined	>99.5%

### Follicular thyroid cancer

SEER Stage	5-Year Relative Survival Rate
Localized	>99.5%
Regional	98%
Distant	67%
All SEER stages combined	98%

### Medullary thyroid cancer





1. [www.cancer.orgamericancancer.sharepoint.com/cancer/types/thyroid-cancer/detection-diagnosis-staging/staging.html](http://www.cancer.orgamericancancer.sharepoint.com/cancer/types/thyroid-cancer/detection-diagnosis-staging/staging.html)
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# Questions to Ask About Thyroid Cancer

It's important to have honest, open discussions with your cancer care team. They want to answer all your questions, so that you can make informed treatment and life decisions.

Below is a list of questions to consider asking about your thyroid cancer.

- [When you're told you have thyroid cancer](#)
- [When deciding on a treatment plan](#)
- [Before treatment](#)
- [During treatment](#)
- [After treatment](#)

## When you're told you have thyroid cancer

- What [kind of thyroid cancer](#)<sup>1</sup> do I have?
- Has my cancer spread beyond the thyroid gland?
- What is the [stage of my thyroid cancer](#) and what does that mean?

- Is my cancer **resectable** (removable by surgery)?
- Do any other [tests](#) need to be done before we decide on treatment?
- Is there a chance I have an inherited condition that increased my risk of thyroid cancer?
- If so, should I consider genetic testing?
- Will I need to see any other types of doctors?
- If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?

## When deciding on a treatment plan

- How much experience do you have treating this type of cancer?
- How much [surgery](#)<sup>2</sup> do I need? Should I get other treatments as well?
- What are my [treatment choices](#)<sup>3</sup>?
- What do you recommend and why?
- What is the goal of treatment?
- Should I get a second opinion? How do I do that? Can you recommend a doctor or cancer center?
- Should I think about taking part in a clinical trial?
- What should I do to be ready for treatment?
- What are the risks and possible side effects of treatment?
- How quickly do we need to decide on treatment?
- Will I need to take [thyroid hormone](#)<sup>4</sup> for the rest of my life?

Learn more: [Seeking a Second Opinion](#)<sup>5</sup>; [Clinical Trials](#)<sup>6</sup>

## Before treatment

- How long will treatment last? What will it be like? Where will it be done?
- Will treatment affect my daily activities? Can I still work?
- Will this treatment affect my ability to have children? Do I need to avoid pregnancy for a while?
- What are the chances that my cancer will [come back](#)<sup>7</sup> after treatment?
- What will we do if the treatment doesn't work or if the cancer recurs?

## During treatment

Once treatment begins, you'll need to know what to expect and what to look for. Not all of these questions may apply to you, but getting answers to the ones that do can be helpful.

- How will we know if the treatment is working?
- Is there anything I can do to help manage [side effects](#)<sup>8</sup>?
- What symptoms or side effects should I tell you about right away?
- How can I reach you or someone on the team on nights, holidays, or weekends?
- Do I need to change what I eat during treatment?
- Are there any limits on what I can do?
- Can I exercise during treatment? If so, what kind should I do, and how often?
- Can you suggest a mental health professional I can see if I start to feel overwhelmed, depressed, or distressed?

## After treatment

- Are there any limits on what I can do?
- What symptoms should I watch for?
- What type of follow-up will I need after treatment?
- How often will I need to have follow-up exams and tests?
- How will we know if the cancer has come back? What should I watch for?
- What will my options be if the cancer comes back?

Along with these sample questions, be sure to write down some of your own. Keep in mind that doctors aren't the only ones who can give you information. Other health care professionals, such as nurses and social workers, can answer some of your questions.

### [After Thyroid Cancer Treatment](#)<sup>9</sup>

What to expect after you finish treatment.

### [The Doctor-Patient Relationship](#)<sup>10</sup>

Learn more about speaking with your health care team.

### [Who Is On My Cancer Care Team?](#)<sup>11</sup>

Learn more about cancer care teams.

## Hyperlinks

1. [www.cancer.org/cancer/types/thyroid-cancer/about/what-is-thyroid-cancer.html](http://www.cancer.org/cancer/types/thyroid-cancer/about/what-is-thyroid-cancer.html)
2. [www.cancer.org/cancer/types/thyroid-cancer/treating/surgery.html](http://www.cancer.org/cancer/types/thyroid-cancer/treating/surgery.html)
3. [www.cancer.org/cancer/types/thyroid-cancer/treating.html](http://www.cancer.org/cancer/types/thyroid-cancer/treating.html)
4. [www.cancer.org/cancer/types/thyroid-cancer/treating/thyroid-hormone-therapy.html](http://www.cancer.org/cancer/types/thyroid-cancer/treating/thyroid-hormone-therapy.html)
5. [www.cancer.org/cancer/managing-cancer/finding-care/seeking-a-second-opinion.html](http://www.cancer.org/cancer/managing-cancer/finding-care/seeking-a-second-opinion.html)
6. [www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html](http://www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html)
7. [www.cancer.orgamericancancer.sharepoint.com/cancer/survivorship/long-term-health-concerns/recurrence.html](http://www.cancer.orgamericancancer.sharepoint.com/cancer/survivorship/long-term-health-concerns/recurrence.html)
8. [www.cancer.orgamericancancer.sharepoint.com/cancer/managing-cancer/side-effects.html](http://www.cancer.orgamericancancer.sharepoint.com/cancer/managing-cancer/side-effects.html)
9. [www.cancer.org/cancer/types/thyroid-cancer/after-treatment.html](http://www.cancer.org/cancer/types/thyroid-cancer/after-treatment.html)
10. [www.cancer.org/cancer/managing-cancer/finding-care/the-doctor-patient-relationship.html](http://www.cancer.org/cancer/managing-cancer/finding-care/the-doctor-patient-relationship.html)
11. [www.cancer.org/cancer/managing-cancer/finding-care/health-professionals-associated-with-cancer-care.html](http://www.cancer.org/cancer/managing-cancer/finding-care/health-professionals-associated-with-cancer-care.html)

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Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as editors and translators with extensive experience in medical writing.

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