Improving Management and Treatment of Thyroid Cancer

UCSF's Julie Ann Sosa, MD, co-led international task force establishing new clinical guidelines for the management of differentiated thyroid cancer.

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Differentiated thyroid cancer is the most frequently diagnosed thyroid cancer in the U.S. Recently, the American Thyroid Association (ATA) released new practice guidelines for Differentiated thyroid cancer (DTC) to provide clinicians, patients, and researchers with a comprehensive and objective set of the latest management options for the disease.

Julie Ann Sosa, MD, MA, FACS, FSSO, the Leon Goldman MD Distinguished Professor of Surgery and Chair of the Department of Surgery at UCSF, served as co-chair of the ATA Differentiated Thyroid Cancer Guidelines Task Force, leading a diverse complement of stakeholders in developing revised clinical practice guidelines, which were originally published in 1996 and last updated a decade ago.

"The new guidelines bring important and significant evidence-based change to the practice, highlighting the importance of patient-centered care, shared clinical decision-making between patients and their clinical teams, and more personalized approaches to thyroid cancer management," said Sosa.

The guidelines begin with an initial cancer diagnosis and continue with recommendations for staging and risk assessment; initial treatment decisions; assessment of treatment responses; monitoring approaches; diagnostic testing, and subsequent therapies based on the strength of evidence for response and consideration of side-effects and outcomes. Patient-reported outcomes, thyroid cancer survivorship, and areas of need for additional high-quality research are also reviewed in the guidelines.

DTC includes papillary, follicular, and oncocytic carcinomas, accounting for over 90% of thyroid cancers. These cancers are typically slow-growing, and patients often achieve good long-term outcomes after treatment. While there have been significant advances in the diagnosis and treatment of DTC in the last 30 years, a lack of high-quality clinical trials for the disease have created uncertainty in some clinical management areas.

"The new guidelines are devised to enable providers individualized therapy for each patient based

on the best application of clinical data to their unique case," said Sosa. "For example, a less aggressive approach might be recommended for individuals with early-stage DTC who have an excellent prognosis or for individuals at higher risk of side effects, while a more aggressive approach might be recommended for those patients with higher risk disease or those with inadequate response to initial therapy."

UCSF Health's thyroid cancer program is internationally known for its cutting-edge and collaborative care for patients with thyroid cancer, reflecting the transdisciplinary approach recommended in the guidelines to optimize clinical care and communication with the patient and between physicians.

At UCSF, endocrinologists, thyroid cancer surgeons, pathologists, radiologists, medical and radiation oncologists, and genetics counselors, all of whom are thyroid cancer specialists, work in tandem from diagnosis to treatment and follow up care. The program offers a full range of treatments for DTC, including surgery, active surveillance, radioactive iodine therapy, thyroid hormone therapy, percutaneous ablation, molecular testing, neoadjuvant and adjuvant small molecule therapies, and access to clinical trials. Leading edge science is conducted to allow patients early access to novel approaches. When thyroidectomy (surgical removal of the thyroid gland) is recommended, high volume experienced UCSF surgeons offer safe approaches to surgery that result in less discomfort and lower risk of complications, affording patients the best opportunity for optimized outcomes.

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