

Insight into the needs of thyroid cancer patients before surgery

The thyroid is a butterfly-shaped gland in the neck below the Adam's apple. It produces hormones that help influence our metabolism and normal development. Over the last 30 years, the number of new thyroid cancer diagnoses has increased faster than any other malignancy. The majority of these new diagnoses are small papillary cancers that are detected when looking for something else. Most patients undergo removal of the entire thyroid with or without removal of nearby lymph nodes possibly followed by radioactive iodine treatment. At this time, the medical community still has a poor understanding of the patient experience once the diagnosis of papillary thyroid cancer is made. Despite effective treatment, excellent prognosis, and favorable long-term outcomes, thyroid cancer survivors describe a reduced quality of life similar to or worse than survivors of more aggressive cancers.



Fig. 1. This study showed that before surgery, patients with thyroid cancer want to build a strong relationship with their surgeon. This relationship provides reassurance and prepares them for their operation when adequate informational and emotional support is provided, and the patient is treated as an individual.

This prospective study interviewed 32 patients diagnosed with papillary thyroid cancer to better understand their experiences prior to undergoing surgery and assess their unmet needs. The interviews focused on the patients' diagnosis, their experiences with their surgeons, advice they would give to their surgeon or a newly diagnosed patient, and communication with their care team.

These interviews revealed that the most important need reported by patients with thyroid cancer was the development of a strong relationship with their surgeon. The major components of this relationship that patients desired were informational support, emotional support, and individualized considerations for their diagnosis. After being told about their cancer diagnosis, patients were eager to learn about the disease, treatment options, prognosis, surgeon's experience, postoperative recovery, and other logistics of treatment. They wanted their surgeon to be their primary source of information and to give them the opportunity to openly ask questions without being dismissed. Patients described a need for emotional support from their surgeons, in addition to family and survivor groups. They wanted their surgeon to take the time to listen, show empathy, and validate their fears, anxiety, and cancer experience. Finally, patients wanted to feel respected as individuals with unique traits, personalities, and values rather than like a number. When all of these components were satisfied, patients were reassured, more accepting of their cancer diagnosis, and prepared to pursue treatment.

With a better understanding of thyroid cancer patient experiences, these findings identify several areas where surgeons can improve care for their patients. Starting from the initial consultation, the surgeon should strive to strengthen their communication with patients, elicit patients' preferences, advocate for their patients' needs, and avoid calling thyroid cancer the "good cancer." Steps to achieve these goals include balancing time constraints to allow adequate time for physician counseling, improving informational materials handed out to patients, assessing patient emotions to provide validation and encouragement, and avoiding interruptions. All of these factors are crucial to building trust in the surgeon, decreasing patient stress, enhancing decision-making, and improving quality of life. As physicians continue to learn more about their patients' cancer experiences, they can expand their toolbox that allows them to focus their efforts into supporting patients with thyroid cancer and likely those with other malignancies throughout their entire cancer treatment trajectory.

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Publication

[A Qualitative Analysis of the Preoperative Needs of Patients With Papillary Thyroid Cancer](#)

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J Surg Res. 2019 Dec