Cancer Patient Services

The services that the Department of Otolaryngology (Ear, Nose, Throat), Tan Tock Seng Hospital offers in relation to head and neck cancers include:

1. **Diagnosis** of whether or not the patient has a head and neck cancer

2. **Appropriate staging** of the cancer

3. **Treatment** of the cancer

4. **Long term follow up and surveillance** to ensure the cancer does not return.

Cancer Care Management

We work closely with other medical specialists and allied health professionals to ensure the best possible outcome for our cancer patients. Our surgeons are highly trained to ensure removal of the thyroid gland with the offending cancer with meticulous dissection to ensure optimal functioning of the recurrent laryngeal nerve and preservation of the parathyroid glands.

Our radiologists provide their expertise in interpreting scans and aiding us in the exact staging of patients.

Our aim is the same as yours: to fight off the cancer and to return you an optimal quality of life.
**Introduction**

The diagnosis of cancer in a patient is often accompanied by disbelief, and feeling of helplessness. The feeling of helplessness is partly due to lack of knowledge and little awareness of the many treatment options available.

This series of pamphlets aims to educate the reader about common head and neck cancers - how the condition presents in patients, symptoms they may experience, investigations that are required and treatment options available.

For more specific information, you are advised to seek a head and neck cancer specialist’s opinion for a face to face discussion of the condition.

**Thyroid Cancer**

The thyroid gland sits in the lower middle portion of the neck and consists of both a right and left lobe. Various cancers may arise in the thyroid gland, the most common of which is papillary thyroid cancer. Patients with thyroid cancer may have a family history of thyroid cancer or may have previous exposure to radiation to the neck. However quite often they may have none of these risk factors.

The most common presenting complaint is a palpable lump in the neck. However, more advanced cases may also present with hoarseness, difficulty swallowing and enlarged neck lymph glands.

**Examination and Tests**

After you have been examined by your doctor, he will organise for two tests:

1. **Blood test** to look at your thyroid function.
2. **Ultrasound** of the thyroid to determine if there are any suspicious features to the thyroid gland lump.

If there are any suspicious features, your doctor will organise a **needle test** to determine if the lump is cancerous.

**Treatment**

In general, most papillary thyroid cancers are curable with surgery and sometimes additional treatment.

Based upon the results of the ultrasound and needle test, your doctor will explain to you the risk of having a thyroid cancer, and whether surgery is recommended. During the surgery, your surgeon may remove just the thyroid lobe with the tumour or both thyroid lobes. The extent of surgery depends on several factors, such as your age and the size of the lump.

The main risk of the surgery is to the recurrent laryngeal nerve. This is a nerve that supplies the voice box and runs just next to the thyroid gland. The nerve has to be carefully preserved by the surgeon to avoid changes in voice after surgery. The other main risk of surgery occurs only if both thyroid lobes are removed. Next to each thyroid lobe are two other glands called the parathyroid glands that control calcium levels in the body. During the surgery, the surgeon has to preserve at least one of the four parathyroid glands (two on each side) to ensure normal calcium levels after surgery.

Sometimes, for the more aggressive cancers, your doctor will schedule an appointment for you to take radioactive iodine. This is a usually a once off treatment where a patient takes the iodine in liquid form and this radioactive iodine concentrates in thyroid cells, killing any remnant cancerous thyroid cells in any part of the body, with little effect on the rest of your body. The long term survival rates for most thyroid cancers are good and the majority of patients would have normal life expectancy.