Follow-up Guidelines for Thyroid Cancer After Excellent Response to Treatment

Risk assessment by American Thyroid Association 2015

Excellent response after completion of therapy defined as below will undergo surveillance.

- After lobectomy only: Negative imaging and undetectable thyroglobulin antibodies and stable thyroglobulin level.
- After total thyroidectomy: Negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <2ng/ml
- After total thyroidectomy and radioactive iodine remnant ablation: Negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <0.2 ng/ml or stimulated thyroglobulin level of < 1ng/ml.

Low-risk patient with lobectomy only (negative imaging and undetectable thyroglobulin antibodies and stable thyroglobulin level):

- History and physical examination with emphasis on detecting local and regional recurrence once every year.
- Serum thyroglobulin level and thyroglobulin antibody levels.
- Monitoring of TSH level every six months.

Refer patient back to cancer centre if thyroglobulin or thyroglobulin antibody level increased or neck lymphnode or other metastatic disease is identified.

Keep TSH level at low normal range (0.5-2 microIU/ml) by providing thyroid supplements if needed.

Patients are at high risk of osteoporosis/Dyslipidemia secondary to thyroid cancer treatment and will need close monitoring.

Low-risk patient after total thyroidectomy (negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <2ng/ml):

- History and physical examination with emphasis on detecting local and regional recurrence once every year.
- Serum thyroglobulin level and thyroglobulin antibody levels.
- Monitoring of TSH level every six months.
- Refer patient back to cancer centre if thyroglobulin or thyroglobulin antibody level increased or neck lymph node or other metastatic disease is identified.
- Keep TSH level at low normal range (0.5-2 microIU/ml) by providing thyroid supplements if needed.
- Patients are at high risk of osteoporosis/dyslipidemia secondary to thyroid cancer treatment and will need close monitoring.

L**ow-risk patients with after total thyroidectomy and radioactive iodine remnant ablation** (negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <0.2 ng/ml or stimulated thyroglobulin level of < 1ng/ml):

- History and physical examination with emphasis on detecting local and regional recurrence once every year.

- Serum thyroglobulin level and thyroglobulin antibody levels.
- Ultrasound of the neck once every six month.
- Monitoring of TSH level every six months.
- Refer patients back to cancer clinic if thyroglobulin or thyroglobulin antibody level increased or neck lymph node or other metastatic disease is identified.
- Keep TSH level at low normal range (0.5-2 microIU/ml) by providing thyroid supplements if needed.
- Patients are at high risk of osteoporosis/dyslipidemia secondary to thyroid cancer treatment and will need close monitoring.

Intermediate-risk patient after total thyroidectomy (negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <2ng/ml):

- History and physical examination with emphasis on detecting local and regional recurrence once every six month.
- Serum thyroglobulin level and thyroglobulin antibody levels once every six months.
- Ultrasound of the neck once every six months.
- Monitoring of TSH level every six months.
- Refer patients back to cancer clinic if thyroglobulin or thyroglobulin antibody level increased or neck lymph node or other metastatic disease is identified.
- Keep TSH level at low normal range (0.5-2 microIU/ml) by providing thyroid supplements if needed.
- Patients are at high risk of osteoporosis/dyslipidemia secondary to thyroid cancer treatment and will need close monitoring.

Intermediate and high-risk patients with after total thyroidectomy and radioactive iodine remnant ablation (negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <0.2 ng/ml or stimulated thyroglobulin level of < 1ng/ml):

- History and physical examination with emphasis on detecting local and regional recurrence once every six months.
- Serum thyroglobulin level and thyroglobulin antibody levels once every six months.
- Ultrasound of the neck once every six months.
- Monitoring of TSH level every six months.
- Refer patients back to cancer clinic if thyroglobulin or thyroglobulin antibody level increased or neck lymph node or other metastatic disease is identified.
- Keep TSH level at low normal range (0.5-2 microIU/ml) by providing thyroid supplements if needed.
- Patients are at high risk of osteoporosis/dyslipidemia secondary to thyroid cancer treatment and will need close monitoring.