

TREATMENT RELATED MORBIDITY IN DIFFERENTIATED THYROID CANCER – CLINICIAN SURVEY

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Background/Purpose: Differentiated thyroid cancer (DTC) has excellent long term survival. Treatment related morbidity (including hypocalcaemia, voice change, bone and cardiovascular complications from TSH suppression) is therefore important, but may not be well characterised.

Objectives: To conduct an electronic survey of clinicians involved in the care of patients with DTC to determine their views on treatment related morbidity.

Methods: A nine item questionnaire was developed, piloted locally and sent by email to members of three UK medical organisations (Thyroid Cancer Forum, British Association of Endocrine and Thyroid Surgeons, British Thyroid Association).

Results: 125 responses were received; 67.8% were surgeons. Less than 5% of respondents had a formal protocol to detect morbidity associated with TSH suppression. Over 50% agreed that morbidity from TSH suppression is not well defined. The majority of responders also agreed that the long term morbidity of hypocalcaemia, significant voice change and TSH suppression in DTC are not well characterised. Physicians perceived treatment related morbidity to be a bigger problem than surgeons ($P=0.019$). Clinicians seeing higher volumes of patients perceived a greater knowledge gap in the epidemiology of postoperative hypocalcaemia ($P=0.014$) and voice change ($P=0.028$) than their 'lower volume' counterparts.

Discussion & Conclusion: Clinicians treating thyroid cancer agree that treatment related morbidity from DTC is not well characterised. A study of the prevalence and severity of treatment related morbidity and its impact on health of patients with DTC is warranted.