

Feb 2018

Adjuvant pathway for differentiated thyroid cancer

Referral

Patients referred to Kate Garcez (KG)/Claire Arthur (CA) at the Christie by surgeons following thyroidectomy and MDT discussion

Pathology reports (either total thyroidectomy or diagnostic hemithyroidectomy and completion) to be included in the referral

New patient consultation arranged at the Christie (usually within 2-6 weeks)

New patient consultation

Patient seen in Thyroid clinic Monday morning at the Christie

Pros and cons of adjuvant radioactive iodine (I131) discussed

Written information provided

Written consent for treatment obtained

Admission date agreed (will be at least 2 weeks ahead to allow 2 weeks for low iodine diet)

Thyrogen prescribed and DN referral sent

Review by Thyroid CNS

Admission for adjuvant I131

Patient admitted to Brachytherapy and Molecular Radiotherapy Unit (BMRU) Monday am (rarely Thurs am).

Single occupancy rooms with en-suite facilities

Blood tests, nursing and medical clerking

I131 capsule administered by Nuclear Medicine staff

Radiation levels monitored daily by Nuclear Medicine staff

When levels <200MBq I131 uptake scan performed and patient discharged with information about any radiation protection restrictions required, and the duration of any restrictions

KG or CA will write to the patient/GP/referring surgeon with results of uptake scan

Target TSH <0.1

3 month post I131 follow up

Patient seen in Thyroid clinic Monday am

Clinical examination

Document dose of levothyroxine

Blood for TFT and Tg taken

Arrangements for Dynamic Risk Stratification (DRS) made (to be carried out 9-12 months after I131 ablation)

Letter sent to patient/GP/referring surgeon with blood results, and advice about dose of levothyroxine (target TSH <0.1)



9 month post I131 follow up

Patient seen in Thyroid clinic Monday am, one week before the DRS

Clinical examination

Document dose of levothyroxine

Thyrogen prescribed and DN referral sent

DRS (if no uptake outside neck on post ablation scan)

Day 1 (Mon) – Thyrogen administered by DN

Day 2 (Tues) – Thyrogen administered by DN

Day 5 (Fri) – patient attends Christie for USS and stimulated Tg blood test

DRS (if some uptake seen outside neck on post ablation scan)

Low iodine diet commenced 2 weeks prior to Day 3

Day 1 (Mon) – Thyrogen administered by DN

Day 2 (Tues) – Thyrogen administered by DN

Day 3 (Wed) – patient attends Christie for injection of I123 and uptake scan 4 hours later

Day 4 (Thurs) – patient attends Christie for further uptake scan

Day 5 (Fri) – patient attends Christie for USS and stimulated Tg blood test (USS may be performed the previous week when patient attends for review)

KG/CA review results of scans and stimulated Tg blood tests

Patient assigned to low/intermediate/high risk group according to British Thyroid Association guidelines 2014¹

Low risk patients discharged to referring surgeon for follow up

Intermediate and high risk patients continue follow up at the Christie

¹Perros, P., Boelaert, K., Colley, S. *et al.* (2014), Guidelines for the management of thyroid cancer. *Clin Endocrinol*, **81** Suppl 1: 1–122

