

Q&A

DR. GENACK

Understanding signs, symptoms, awareness for Thyroid Cancer

By MELISSA BERMAN

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■Q: Tell me about yourself.

Genack: I am double board-certified in Otolaryngology, commonly known as ENT and head and neck surgery, as well as facial plastic and reconstructive surgery. After my usual training, I completed two separate fellowships in facial plastic and reconstructive surgery, spending time in Chicago and Pittsburgh. I originally thought I was going to stay in Chicago, where I was very happy, but family drew me back to this area. Eventually, I came to Episcopal Health Services, where the hospital did not have anybody in my field at the time. I was able to build a private practice in collaboration with the hospital and became chief of ENT and head and neck surgery. I've been at the hospital

for about 30 years.

■Q: What are some of the most common signs and symptoms of thyroid cancer?

Genack: The thyroid is a small, butterfly-shaped gland in the neck. Many people are familiar with thyroid problems because they have an underactive or overactive thyroid, but unfortunately, the thyroid can also develop cancer. The most common way thyroid cancer is detected is incidentally. People may undergo an X-ray, ultrasound or CT scan for another reason, and a thyroid nodule will show up. The other main reason a patient may present with a thyroid problem is a lump in the neck. Sometimes thyroid cancers can spread outside the thyroid to the lymph glands. Any lump in the neck should be evaluated by a doctor. There are many things it could

be, but one possibility is a thyroid tumor or cancer.

■Q: What role does an ultrasound play in evaluating thyroid nodules?

Genack: Ultrasound is an incredibly valuable test. It is a simple examination in which a probe is placed on the neck, using sound waves to look at the thyroid and precisely identify the characteristics and size of nodules. People should realize that just because they have a thyroid nodule is absolutely no reason to panic. Once you reach your 50s, more than half of adults will have thyroid nodules, particularly women. Fewer than 5 to 10 percent of those nodules will ultimately be cancerous. Ultrasound helps determine whether a nodule has characteristics that make it suspicious. If it meets a certain threshold, the next step is generally a needle biopsy.

■Q: What are the major risk factors for thyroid cancer?

Genack: For the most part, thyroid cancer develops sporadically. A very small percentage is genetic. One type, medullary thyroid carcinoma, accounts for about 3 to 5 percent of thyroid cancers, and roughly 25 percent of those cases can be hereditary.



Courtesy Episcopal Health Services

Dr. Sheldon Genack, chairman of the Department of Surgery at Episcopal Health Services.

■Q: Has treatment for thyroid cancer changed?

Genack: Absolutely. Thyroid cancer is different from many other cancers. It generally behaves in a relatively indolent way and is not highly aggressive. In the past, patients were often treated aggressively with total thyroid removal and radioactive iodine. Today, there has been a trend toward "de-escalation," meaning less invasive surgery or, in some cases, simply monitoring very small cancers with serial ultrasounds.

■Q: What should people know

when diagnosed with thyroid nodules or thyroid cancer?

Genack: Not all cancers are the same. For the most part, thyroid cancer is very treatable. Particularly among younger patients, the cure rate is in the high 90 percent range, and people can go on to live normal, full lives. There are certain types that can behave aggressively, but those are in the minority. If someone is diagnosed with a thyroid nodule or thyroid cancer, they should understand that these are, for the most part, very treatable diseases.

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