

THYROID CANCER

Read Between the Lines

Alexia Rose counts herself among the luckiest women on the planet. She had thyroid cancer, but before it progressed to the point of making her feel sick, the gland and her disease were removed.

Ms. Rose never would've guessed she had cancer. She had been checking out her neck casually and noticed it seemed thicker. There was no lump, no pain and no discomfort. Diagnosed with an underactive thyroid more than 10 years ago, Rose took a thyroid hormone replacement medication daily since, and she felt great.

Still, her neck didn't look right. With her family gathered at her Colonia home last fall for the holidays, Ms. Rose voiced her concern. "My family made fun of me!" she exclaims with a hearty laugh. "My daughter teased 'You know older people get thick necks and wrinkles. What are you complaining about?'"

After some ribbing, they encouraged her – all jokes aside – to get a check-up. Ms. Rose did, and her general practitioner ordered a thyroid ultrasound. It discovered two nodules within her thyroid. An endocrinologist subsequently performed a biopsy of the larger nodule. Results were suggestive, but not diagnostic, of thyroid cancer.

Searching for a more definitive diagnosis, Ms. Rose saw Tomer Davidov, MD, FACS, Assistant Professor of Surgery at Robert Wood Johnson Medical School and an attending general surgeon at Robert Wood Johnson University Hospital (RWJ). "Hers was a common issue," Davidov explains. "Thyroid nodules are present in about a third of the population, and approximately 90 percent of them are benign."

At most institutions, an indeterminate diagnosis like Ms. Rose's typically leads to diagnostic surgery, Davidov says. At RWJ, a pathologist reviews the initial slides before that decision is made. "Our experience has shown that about 30 percent of the time that second look will yield a different read," he explains. "This second opinion may change our approach, and sometimes we're able to avoid unnecessary surgery."

In Ms. Rose's case, Davidov says, a second opinion from RWJ regarding her original biopsy was that the nodule was quite suspicious for papillary carcinoma, the most common form of thyroid cancer. Ms. Rose was shocked. "I didn't realize this could escalate to something that big," she said.

She and Davidov agreed that because her thyroid already wasn't working properly and because the approach was the only way to determine conclusively whether she had cancer, he would remove it. Dr. Davidov removed the gland in May.

"I felt confident and comfortable with every health care professional I met at Robert Wood Johnson," Ms. Rose says. "From Dr. Davidov to my anesthesiologist, Scott J. Mallender, MD, to the pre-op testing staff and nurses, everybody explained exactly what was happening and what they were doing."

After the operation, there were no drains or dressing; she could shower and eat the same day; and she was back to work within a week, Ms. Rose recalls.

One week after surgery, Ms. Rose learned she had papillary thyroid cancer. It was confined to the gland.

Radioactive iodine therapy, a single-dose tablet taken a couple months after surgery to destroy any remaining thyroid tissue, ensured she is cancer free. "Her prognosis is excellent," says Dr. Davidov.

Ms. Rose says she feels great. She's back at work and enjoying the things she loves, like writing for her blog, *Can I Take a Nap First?* In the post where she revealed her cancer diagnosis, she shares some words of wisdom from her experience: "Raise a glass, my faithful friends...kiss your loved ones tenderly, and watch your neck from time to time."

Visit www.rwjuh.edu/thyroidcancer or call 1-888-MD-RWJUH.

Shown: Alexia Rose enjoys reading at home in Colonia after a health scare that included thyroid cancer, which was successfully treated at Robert Wood Johnson University Hospital.