What are the Delays in the Management of Thyroid Cancer?

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INTRODUCTION

Most thyroid cancers remain curable with timely assessment diagnosis and treatment[1]. This is partly achieved with the increasing diagnostic role of the ultrasound scan for risk stratification of thyroid nodules and for more accurate fine needle aspirations. Despite well established guidelines, the standard of care across units remain variable.

OBJECTIVE

This audit aims to evidence the compliance of our practice with national guidelines on the management of thyroid cancer.

METHOD

In this retrospective study, patients diagnosed with thyroid cancers at our unit between 2009 - 2014 were identified. Electronic records were examined to establish the dates of referral, clinic attendance, investigations and treatment, allowing us to determine whether patients received timely assessment and treatment. The quality of our ultrasound reporting and inadequacies of cytological assessment were also documented. A comparison was made against standards as proposed by the British Thyroid Association.

STANDARD

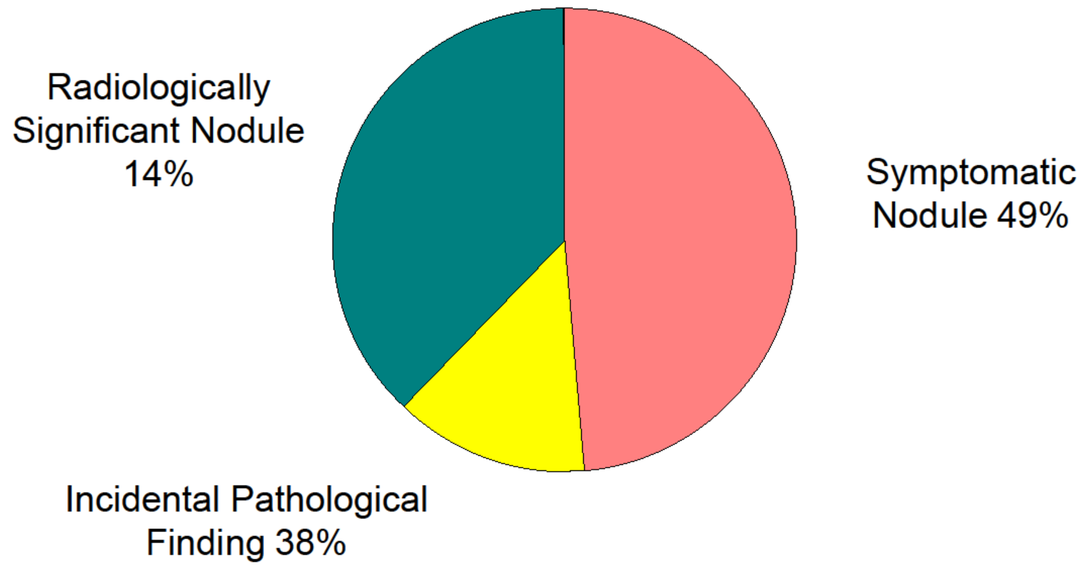
- All patients with suspected thyroid cancer should be reviewed in clinic within two weeks of referral
- All patients with thyroid cancer should have their first definitive treatment within 62 days of referral
- All ultrasonographic assessments of thyroid nodules should include risk stratification and have this clearly documented
- All ultrasound guided fine needle aspirations should give adequate specimens

RESULTS

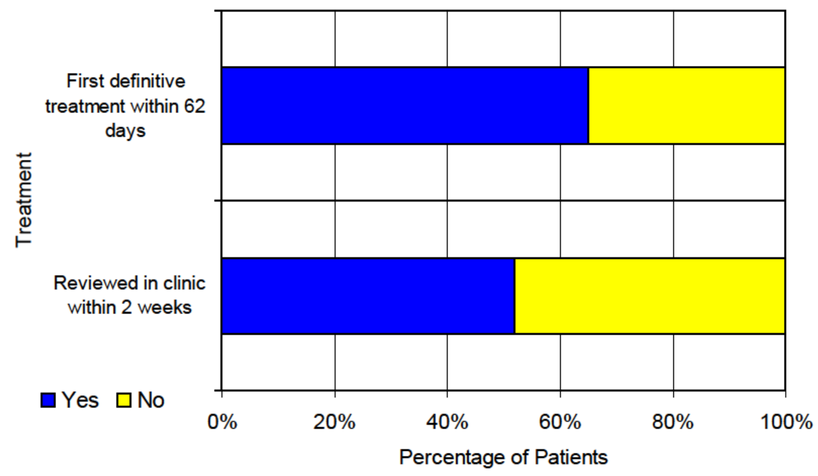
The audit included 37 cases of thyroid cancers: 18 symptomatic nodules, 5 radiologically significant findings and 14 incidental pathological findings

- 52% of patients were reviewed in clinic within two weeks
- 65% had first definitive treatment within 62 days
- 71% of fine needle aspirations yielded adequate specimens for cytological assessment
- No ultrasound assessments of thyroid nodules had a risk stratification clearly documented
- The mean time to diagnostic fine needle aspiration cytology was 32 days

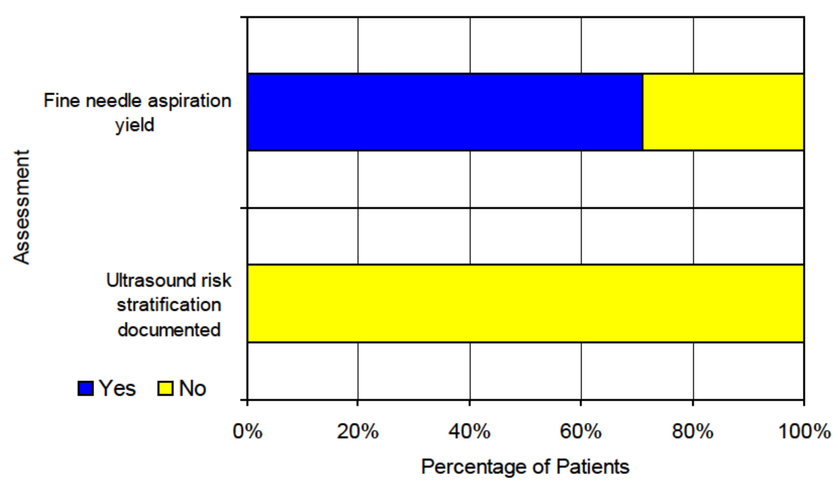
The Routes of Presentation of Thyroid Cancers



The Proportion of Timely Assessment and Treatment



The Proportion of Quality Investigation



CONCLUSION

There was a considerable proportion of inadequate FNA specimens and thyroid nodules were poorly classified on ultrasound reporting. This may be why there was a significant lag period to a diagnostic FNA with subsequent delays to management. We recommend ultrasound assessment for risk stratification of all thyroid nodules and that this is clearly reported. In addition, any inadequate specimens should have a repeat fine needle aspiration urgently under ultrasound guidance.

REFERENCE

- British Thyroid Association of the Management of Thyroid Cancer. British Thyroid Association. 2014

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