

Thyroid cancer rate high, some forms can be deadly

BY MICHAEL POWER
Staff Writer

Lana Kasakevich was shocked by the cancer diagnosis that came during a routine checkup four years ago.

The Thornhill resident, now 45, had kidney stones and her doctor wanted to perform an ultrasound. As part of the checkup, the doctor also had an ultrasound performed on Ms Kasakevich's neck. That test discovered problems with her thyroid, a gland at the base of the neck that controls several functions, including how quickly the body burns energy, makes protein and controls sensitivity to certain hormones.

Ms Kasakevich underwent tests before being referred to a doctor at Toronto's Princess Margaret Hospital. She was told she had thyroid cancer and it had spread to her lymph nodes.

"In my case, it was pretty advanced," Ms Kasakevich said.

Four weeks later, she had surgery to remove her thyroid.

Thyroid cancer starts when fluid-filled lumps called nodules develop on the gland. Usually, nodules are benign and cause no symptoms, but a small number become malignant. Thyroid cancer mainly hits younger women.

The good news, of sorts, is prognosis from this type of cancer is usually excellent. Survival rates are better than 90 per cent.

Although the prognosis for the most common kind of thyroid cancer, called papillary, remains very good, less common types of the disease can be more dangerous.

But rates of the disease have risen over the past 10 years, said



LANA KASAKEVICH: Thornhill resident was diagnosed with thyroid cancer four years ago.

Rita Banach, president of the Canadian Thyroid Cancer Support Group, called Thyrvors. Thyroid cancer rates have risen 10 per cent over the past decade, Ms Banach said.

"It's very statistically significant in terms of other cancers," she said.

But not much is known about why people get thyroid cancer, Ms Banach said. The only factor proven to lead to the condition is radiation exposure.

"But it might be something in the environment we're exposed to," she noted.

Unlike other cancers such as that of the breast, thyroid cancer keeps a low profile among the public. That's likely because although incidence of the disease is on the rise, thyroid cancer makes up only two per cent of all cancers, Ms Banach said.

And with such a high cure rate,

thyroid cancer might not get the attention it deserves, she noted.

The higher incidence of the disease is likely tied to better screening, said Jonathan Irish, provincial head of surgical oncology for Cancer Care Ontario and chief of surgical oncology at Princess Margaret Hospital.

Thyroid cancer rates in other developed areas such as the United States and Europe have also spiked. That suggests access to advanced diagnostic equipment such as CT scans, MRI and ultrasound have helped find the disease.

"It's a good question that a lot of people are trying to understand," said Dr. Irish of the growing incidences.

Although the cure rate is high, treatment after diagnosis goes on for a lifetime.

Patients must take thyroid replacement hormones for the rest of their lives after having the gland removed. If the right amount of those hormones isn't initially found, a patient can experience depression, Dr. Irish said.

Most patients also need radioactive iodine treatment, which means stopping replacement hormones, he said. That can also lead to depression.

"I'm still looking for the right dosage," said Ms Kasakevich, who experienced mood changes, among other complications, after her operation.

It's important, she said, to get the right information from your doctor while undergoing treatment. And more awareness is necessary so women continue to get checked regularly for the disease.

Program makes referrals seamless for seniors

Referring patients and seniors to services in the community has never been easier.

A new electronic system now in use by organizations in York Region will make sharing information much more seamless, Paul Kilbertus said.

Mr. Kilbertus is director of communications for Smart Systems For Health Agency, the organization that provides the system.

The Community Care Access Centre and York Region's Community Home Assistance To Seniors have begun using the electronic system to share informa-

tion and refer residents to the services they need, Mr. Kilbertus said.

A patient released from hospital, for example, who needs more care in the community would have had their information faxed or sent by courier to the Community Care Access Centre, Mr. Kilbertus said. The centre might then share the information with the seniors' group to find the best community service to help that person, whether physiotherapy, in-home care or Meals On Wheels.

With the new system, all the information gets transferred electronically. Doing so eliminates chances a phone number or a person's information will go missing or a patient won't get the needed support, Mr. Kilbertus said.



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