



癌症基金會
CANCERFUND
So no one faces cancer alone

understanding

Thyroid Cancer





Established in 1987, the Hong Kong Cancer Fund (“Cancer Fund”) is the city’s largest cancer support organisation, providing FREE professional support and information to anyone touched by cancer to ensure that no one faces cancer alone.

This publication is part of the Cancer Fund’s “Understanding Cancer” series, providing detailed information on cancer diagnosis and treatment options, along with practical tips to help cancer patients and their families cope with side effects and emotional distress caused by cancer and its treatment.

Our services span from the hospital to the community and the home with a network of 4 Cancer Support Centres in Central, North Point, Kwai Chung and Wong Tai Sin.

Our professional team includes oncology nurses, social workers, art therapists, dietitian and clinical psychologist. They help clients manage the physical, emotional, psychological and social challenges brought about by a cancer diagnosis.

So no one faces cancer alone

FREE Services

☎ 3656 0800



Donation Hotline: 3667 6333



Website: www.cancer-fund.org

Introduction

This booklet has been prepared to help you understand more about thyroid cancer.

Many people feel understandably shocked and upset when told they have thyroid cancer. We hope this booklet will help you to understand the diagnosis and treatment of the disease. We also include information about support services.

Before commencing any health treatment, always consult your doctor. This booklet is intended as a general introduction and should not be seen as a substitute for your own doctor's or health professional's advice. All care is taken to ensure that the information contained is accurate at the time of publication.

We hope this booklet will answer some of your questions and help you think about the questions you want to ask your doctors.

You do not need to read it from cover to cover, just read the parts which are useful to you. You may like to pass this booklet to your family and friends for their information. They, too, may want to be informed so that they can help you cope with any problems you may have.



Contents

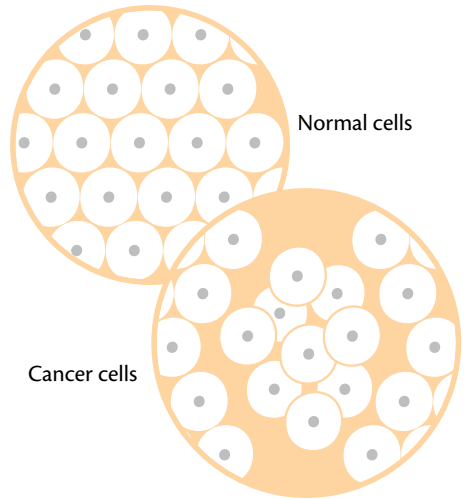
Introduction	2
What Is Cancer?	4
The Thyroid Gland	5
Thyroid Cancer	6
Causes Of Thyroid Cancer	7
Symptoms Of Thyroid Cancer	8
How Do We Diagnose Thyroid Cancer?	9
Staging And Grading Of Thyroid Cancer	12
Planning Your Treatment	14
Treatment Options	18
What To Ask Your Doctor?	26
Follow-up Appointments	27
Your Feelings	28
What Can You Do?	34
Who Can Help?	36
Location Maps Of Hong Kong Cancer Fund Support Centres	37

What Is Cancer?

Our body is made up of billions of cells, and their shape and function vary in different parts of the body. Normally, cells grow, divide (multiply), and eventually die in an orderly manner. However, when the division process goes out of control, cells continue to proliferate and accumulate in the body, forming a lump called a tumour.

Benign vs. Malignant

Tumours can be benign (non-cancerous) or malignant (cancerous). Benign tumours generally do not cause symptoms or spread to other parts of the body. They are usually not life-threatening and only need to be monitored regularly unless they grow and compress adjacent tissues, requiring treatment. A malignant tumour, also known as cancer, not only grows at the original site but can also spread. If not treated in time, they can destroy surrounding tissues and invade other organs via the bloodstream or lymphatic system, forming metastases or secondary cancer.



Primary vs. Metastatic (Secondary)

Cancer is divided into primary and metastatic types. Primary cancer refers to cancer that originates in the organ. For example, if liver cells become cancerous and form a tumour, it is referred to as primary liver cancer. Metastatic cancer refers to cancer cells spreading to other parts of the body. For example, if lung cancer cells spread to the liver and form a tumour, it is considered metastatic lung cancer and referred to as “lung cancer spreading to the liver”.

The Thyroid Gland

The thyroid is a small gland located at the front of the neck, just below the larynx (voice box). It is also known as the 'activity' gland because it produces two main hormones: triiodothyronine (T3) and thyroxine (T4), which are necessary to keep the body functioning normally. The thyroid requires a regular supply of iodine to produce thyroid hormones.

If the levels of T3 and T4 in the blood drop, the hypothalamus in the brain releases thyrotrophin-releasing hormone (TRH). As the level of TRH in the blood rises, the pituitary gland releases thyroid-stimulating hormone (TSH), prompting the thyroid to produce more thyroid hormones.

If the thyroid fails to produce enough hormones (an underactive thyroid or hypothyroidism), you may feel tired and lethargic, and weight gain can occur. Conversely, if it produces too much hormone (an overactive thyroid or hyperthyroidism), the opposite occurs: you may experience weight loss, a significantly increased appetite, and find it difficult to relax.

FREE Services
☎ 3656 0800

Thyroid Cancer

Thyroid cancer develops very slowly, and it takes several years before any signs and symptoms arise. With the latest therapies, the chances of curing thyroid cancer are very high; even if the tumour has spread beyond the thyroid, many patients can still make a full recovery.

There are five main types of thyroid cancer. By examining the cancer cells, doctors can identify the specific type of cancer and determine the most suitable treatment.

- **Papillary** – The most common type of thyroid cancer, which is particularly prevalent among younger patients (especially women).
- **Follicular** – A rare type of thyroid cancer that usually affects older patients.
- **Medullary** – A rare type of thyroid cancer that is commonly an inherited familial condition. Relatives of the patient may need to undergo further investigation and regular screening to monitor whether family members develop any symptoms.
- **Poorly Differentiated** – ‘Poorly differentiated’ means that the cancer cells look significantly different from normal cells. With an ageing population, there is an increasing trend in the number of these cases.
- **Anaplastic** – A rare type of cancer. It usually affects older patients, grows faster than other thyroid cancers, and is not easy to treat. Lymphoma can also occur in the thyroid. This rare cancer within the lymphatic tissue of the thyroid is a type of non-Hodgkin lymphoma.

Except for anaplastic cancer, thyroid cancers tend to grow very slowly, and it generally takes several years before problems begin to occur.

Causes Of Thyroid Cancer

The exact causes of thyroid cancer remain unknown. While researchers are still working to fully understand what causes thyroid cancer, several factors have been identified that may increase risk.

For some people, it may be linked to having received radiotherapy during childhood, or to the presence of high levels of radiation in their living environment. For example, the 1986 Chernobyl nuclear explosion in Ukraine led to an increase in the number of thyroid cancer cases in the region.

Some cases show that people who received radiotherapy to the neck 10 to 20 years ago have a higher risk of developing this type of cancer. A lack of iodine in the diet may also lead to the development of thyroid cancer.

People who develop medullary thyroid cancer often do so due to an abnormal inherited gene, which can occur in the following situations:

- **Medullary** – A rare type of thyroid cancer develops due to an inherited genetic change. Family members should undergo investigation and regular screening to closely monitor early changes.
- **Familial medullary thyroid cancer (FMTC)** – This generally affects multiple family members.
- **Multiple endocrine neoplasia (MEN) type 2A and 2B syndromes** – With these syndromes, family members may develop various endocrine tumours, including medullary thyroid cancer.

Relatives of patients with medullary thyroid cancer can be tested for the inherited abnormal RET gene. If it is present, your doctor may recommend that you have your thyroid removed to prevent the cancer from developing.

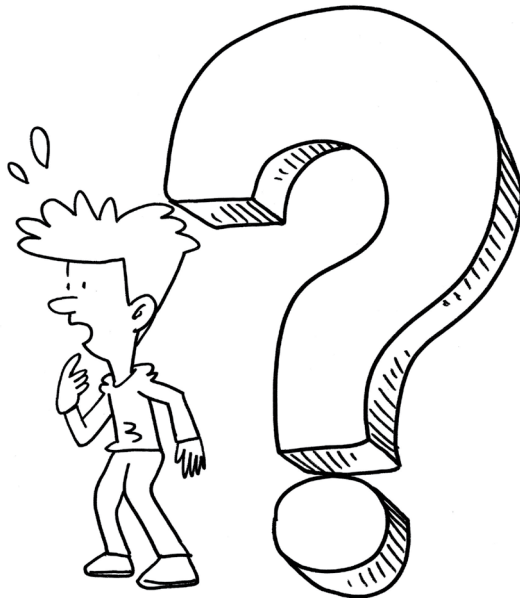
Symptoms Of Thyroid Cancer

Most thyroid cancer cells grow very slowly. A common symptom is a painless lump in the neck that gradually grows larger. Sometimes, a thyroid tumour can press against the oesophagus (gullet) or trachea (windpipe), causing difficulty swallowing or breathing.

Some people only discover they have thyroid cancer after it has spread to other areas, such as bone or lung (metastasised), but this is very rare.

Thyroid cancer does not usually affect the production of thyroid hormones, so it does not cause symptoms of an overactive thyroid (hyperthyroidism) or an underactive thyroid (hypothyroidism).

If you notice a lump in your neck or any of the above symptoms, it's important to see your doctor soon for a check-up. Even if you have these symptoms, it does not necessarily mean you have cancer. Lumps can be benign. Your doctor can help determine what's happening.



How Do We Diagnose Thyroid Cancer?

Patients usually start by visiting their GP (General Practitioner) for an initial check-up and any necessary ultrasound scan of the neck. If cancer cells are found, or if the cause of the problem is unclear, patients will be referred to a specialist.

Before conducting a physical examination, the doctor will take a detailed medical history.

Further Investigations

If the doctor suspects the lump might be cancer, the doctor may recommend further tests to get more information. These might include:

- **Blood tests**

A blood sample can check your thyroid hormone levels, and the doctor can also assess your overall health.

- **Fine needle aspiration (FNA) or core biopsy**

A fine needle aspiration involves gently inserting a thin needle into the lump in your neck to extract cells, which are then examined under a microscope to see if any cancer cells are present.

The doctor will typically use an ultrasound scan to ensure the needle is inserted into the correct position.

- **Surgical biopsy**

If needed, your doctor will perform a surgical biopsy. This procedure requires a general or local anaesthetic. The doctor will make a small cut in the skin near the thyroid and remove a small piece of thyroid tissue, which is then examined under a microscope for cancer cells.

The reasons for a surgical biopsy can be:

1. The fine needle aspiration could not collect enough tissue for diagnosis, or
2. The doctor could not determine if cancer cells were present from the fine needle aspiration sample.

- **Ultrasound thyroid scan**

In this scan, the doctor uses ultrasound to create images of the inside of your neck and thyroid.

Once you are lying down comfortably, a healthcare professional will apply gel to your neck and then move a small probe (ultrasound device) back and forth over the area. The sound waves are processed by a computer to produce an image, showing whether the lump is solid or a fluid-filled cyst.

- **Thyroid radioisotope scan**

During this test, healthcare staff will inject a small amount of a radioactive substance or iodine into your vein. Roughly half an hour later, you will need to lie on a bed while a gamma camera is placed over your neck to measure the amount of radioactivity in your thyroid.

Cancer cells absorb the radioactive substance differently than normal thyroid cells, so the camera can show areas where cancer cells might be present. The medical profession refers to these areas as 'cold spots' or 'cold nodules'.

The scan is painless, and the injected radioactive substance will not cause any adverse side effects.

FREE Services
(3656 0800)

- **CT scan**

A CT (computerised tomography) scan is a series of X-rays, which are fed into a computer to create a 3D image, providing a detailed picture of the size and location of any abnormalities.

Before your scan, you may need to fast for 4 hours. During the scan, you'll lie still on a couch while the scanner takes images. It's painless and takes about 30 to 40 minutes.

Healthcare staff will inject a contrast medium to enhance the image contrast, which might cause a warm sensation. This agent helps the images show up clearly on X-rays. If you are allergic to iodine or have asthma, please inform the healthcare staff beforehand.



Staging And Grading Of Thyroid Cancer

The stage of cancer is typically used to describe the shape and size of the cancer, and whether the cancer has spread. Understanding cancer's stage helps your doctor recommend the most appropriate treatment.

Staging

Generally, cancer is divided into four stages (1 to 4): lower numbers indicate earlier stages with less spread, while higher numbers indicate more advanced disease. Thyroid cancer staging is based on the specific type of thyroid cancer and the patient's age. The classification system is as follows:

- **For patients under 55 with papillary or follicular thyroid cancer:**

Stage 1: The tumour can be any size and nearby lymph nodes may be affected, but the tumour has not spread to other parts of the body.

Stage 2: Tumours of various sizes have spread to other parts of the body, such as the bones or lungs.

- **For patients aged 55 and over with papillary, follicular, or medullary thyroid cancer:**

Stage 1: The tumour is less than 2 cm across and is contained within the thyroid; it has not spread to lymph nodes or other parts of the body.

Stage 2: The tumour is between 2 cm and 4 cm across and is contained within the thyroid. It has not spread to lymph nodes or other parts of the body.

Stage 3: The tumour is larger than 4 cm and is contained within the thyroid; or the tumour can be any size and has spread just outside the thyroid or to nearby lymph nodes in the neck.

Stage 4A: The tumour can be any size and has spread to nearby muscles, nerves or blood vessels in the neck, and/or to nearby lymph nodes in the neck or upper chest.

Stage 4B: The tumour can be any size and has spread further into the upper neck, spine, or chest, as well as to nearby lymph nodes.

Stage 4C: The cancer cells have spread to other parts of the body, such as the lungs or bone tissue.

- **Anaplastic thyroid cancer**

Anyone with anaplastic thyroid cancer is classified as having stage 4 cancer. This fourth stage is further divided into three parts, depending on how far the cancer cells have spread.

Stage 4A: The tumour can be any size and is contained within the thyroid. Lymph nodes may be affected, but the cancer cells have not spread to other parts of the body.

Stage 4B: The tumour can be any size and has spread to the soft tissues of the neck. Lymph nodes may also be affected, but the cancer cells have not spread to other parts of the body.

Stage 4C: The cancer cells have spread to other parts of the body, such as the lungs or bone tissue.

Grading

Your doctor may use the TNM system to grade your thyroid cancer.

- T describes the size of the tumour. There are four stages, from T1 to T4.
- N describes whether the tumour has spread to the nearby lymphatic system in the thyroid area. N has two categories: N0 means there is no sign of cancer cells in the lymphatic system; N1 means there are cancer cells in the lymphatic system.
- M describes whether the cancer has spread to other tissues in the body, such as the lungs or bones (secondary or metastatic cancer). It is divided into two stages: M0 means it has not spread; M1 means it has spread.

Planning Your Treatment

Thyroid cancer can be treated using surgery, radioactive iodine, or radiotherapy, either alone or in combination. Most thyroid cancers can be successfully cured.

How Your Treatment Is Planned

A multidisciplinary team of healthcare professionals at the hospital will discuss the most effective treatment for you. This team includes:

- Surgeons.
- Oncologists.
- Nurses.
- Dietitians.
- Physiotherapists.
- Psychologists / Social workers.

Cancer booklets



When planning your treatment, doctors will consider several factors:

- Your general health.
- Your age.
- The type and size of the tumour.
- The appearance of the tumour under a microscope.
- Whether it has spread to other parts of the body.

If two treatments are equally effective for your type and stage of cancer, your doctor may discuss both options with you. This gives you the chance to ask questions and decide together what feels right for your situation. If choosing feels difficult, that's completely normal. Make sure you have plenty of information about both treatments and their side effects. Your healthcare team is there to help you understand everything until you feel confident about your choice.

Second Opinion

Some people feel that getting an opinion from another doctor can help them decide which treatment to have. As long as you feel it would be helpful, most doctors are happy to refer you to another specialist for a second opinion.

It's wise to get a second opinion relatively promptly, so that treatment isn't unnecessarily delayed. When asking for a second opinion, both you and your doctor should ensure that doing so will be beneficial to your treatment.

Giving Your Consent

Before you have any treatment, your doctor will explain the aims of the treatment and ask you to sign a consent form. No medical treatment will be given without your consent. Before signing the form, you should fully understand:

- The nature and extent of the treatment you are receiving.
- The advantages and disadvantages of this treatment.
- Any other alternative treatments available.
- Any significant risks associated with this treatment.

If anything is unclear, please ask the healthcare team for clarification. Some cancer treatments are very complex, and it is perfectly normal to ask the staff to explain it more than once.

If you have any questions about your treatment, feel free to ask your doctor or nurse. It is a good idea to write your questions down on paper. You could also bring a close friend or relative to take notes, remind you of the questions, or even ask on your behalf.

Many patients feel that healthcare staff are too busy to answer their questions, but it is very important to understand the physical and psychological impact of your upcoming treatment. It's your right to have these questions answered, and your healthcare team's responsibility to explain everything clearly.

If you have not yet decided which treatment to have, let your medical team know, and they can discuss a feasible timeline with you to make your decision. If you decide not to have treatment, the healthcare team will discuss what this means for your health and what alternative support options are available.

The Benefits And Disadvantages Of Treatment

Many people feel anxious when they hear about cancer treatment, as it may have many potential side effects. The good news is that most side effects can often be managed with medication. While treatments can cause side effects, they are also very effective at controlling thyroid cancer. Many patients find that side effects are manageable, and the benefits far outweigh the risks. Some people wonder what would happen if they didn't have treatment. This is an important question to discuss with your doctor, as the answer depends on your specific situation.

- **Early-stage thyroid cancer**

For most patients with early-stage thyroid cancer, the aim of treatment is a cure. Depending on individual circumstances, treatment methods may vary.

- **Advanced thyroid cancer**

When thyroid cancer is at an advanced stage, the aim of treatment is to control the cancer and relieve symptoms (palliative care), enabling you to enjoy a better quality of life.

Deciding On Treatment

If your tumour is still in its early stages and the goal of treatment is a cure, the decision to proceed with treatment is usually clearer. However, if the treatment is intended to manage symptoms, this decision can be much harder.

In this situation, you need to discuss in detail with your doctor whether to proceed with treatment. Whatever you decide, palliative care is available to keep you as comfortable as possible and support your quality of life.



Treatment Options

Surgery

The primary treatment for thyroid cancer is usually surgery. Based on the characteristics of the tumour, your general health, and your preferences, your doctor will work with you to decide the most suitable treatment plan. The two main options are a hemithyroidectomy or a total thyroidectomy.

How The Surgery Is Performed

Sometimes, doctors cannot confirm the diagnosis before surgery. In this case, the surgeon will remove the affected part of the thyroid and examine it under a microscope. Once a diagnosis is confirmed, the doctor may need to remove the remaining thyroid gland at a later surgery depending on the result.

- **Hemithyroidectomy (Removal of one lobe of the thyroid)**

This is for early-stage cancers where the tumour is 4 cm or smaller, confined to one side of the thyroid, and shows no signs of spreading – particularly for slow-growing papillary cancer.

- **Total Thyroidectomy (Removal of entire thyroid)**

This is suitable for tumours larger than 4 cm, those that have spread to lymph nodes or tissues outside the thyroid, or more aggressive types of cancer.

The doctor may also check if the lymph nodes near the thyroid have been affected by cancer cells, to reduce the risk of cancer recurrence.

Sometimes the doctor may need to remove tissue near the thyroid because:

- The cancer cells have started to spread beyond the thyroid.
- If you have anaplastic thyroid cancer, which spreads more quickly, the doctor may open a window to the trachea (windpipe), to create a small opening in your throat that allows you to breathe.

While surgery is the main treatment, doctors may also use radioactive iodine therapy or external radiotherapy after surgery to destroy any remaining cancer cells,

or to treat cancer that has spread to other areas. This combined approach gives you the best chance of recovery.



After The Surgery

Getting out of bed and walking soon after surgery is really important for your recovery. Even if you need to stay in bed, moving your feet regularly and doing gentle breathing will help. A physiotherapist will show you how.

You will be given the fluids your body needs through an intravenous infusion (a drip) until you are able to eat and drink.

You may feel some pain or discomfort after the operation, and your doctor will prescribe painkillers for you. If you're still experiencing pain, let your nurse know immediately so they can adjust your medication. At the same time, to help minimise postoperative swelling, you will need to lie in bed in a semi-upright position.

Under normal circumstances, patients who have had a hemithyroidectomy can be discharged from the hospital the day after the surgery. Patients who have had a total thyroidectomy can also be discharged the next day if their blood calcium levels are normal or steadily rising. For a period of time after the surgery, patients may find swallowing uncomfortable. A soft diet will help during this time, and this discomfort will improve as you heal.

Before you are discharged, a nurse or dietitian will discuss your diet with you. Maintaining a balanced diet is very important. If you have difficulty eating, you can use nutritional drinks to supplement your nutrient intake. For more practical tips, you can refer to the “**Diet and Cancer**” booklet published by the Hong Kong Cancer Fund.

Diet and Cancer booklet



Side Effects Of Surgery

- **A hoarse and weak voice**

Due to the position of the thyroid gland, surgery may affect the nerves connected to the larynx (voice box), resulting in a hoarse and weak voice for a period of time after the operation. This is usually temporary, and only a small number of people experience long-term voice changes.

- **Calcium loss**

During thyroid removal surgery, the tiny parathyroid glands located behind the thyroid can sometimes be affected. The function of the parathyroid glands is to control calcium levels in the blood. If they are affected, calcium levels may drop. If necessary, your doctor will prescribe calcium supplements.

- **Tiredness**

It is normal to feel tired for a few weeks after thyroid surgery. You may also feel fatigued while the thyroid hormone treatment is adjusted.

- **Scarring**

You will have a scar just above your collarbone. Initially, this scar will be red or dark, but it will gradually fade over time.



Follow-up And Treatment After The Surgery

- **Thyroid Hormones**

For patients who have had a total thyroidectomy, the doctor will prescribe hormone replacement medication for you to start taking immediately after the surgery, to replace the hormones normally produced by the thyroid. After a hemithyroidectomy, hormone replacement is usually not needed because your remaining thyroid lobe can produce enough hormones.

Radiotherapy

Internal Radiotherapy

After the surgery to remove your thyroid, your doctor may recommend Radioactive Iodine (RAI) therapy. Once the radioactive iodine enters your body, it is absorbed by any remaining thyroid cells or cancer cells, and the radiation then precisely destroys these cells. Because radioactive iodine has a limited effect on other normal cells in the body, it is an effective way to destroy cancer cells that may still be present in the neck or have spread to other parts of the body.

For the treatment to be most effective, your body's level of Thyroid-Stimulating Hormone (TSH) should be raised to stimulate any remaining thyroid tissue or cancer cells to absorb the radioactive iodine:

- **Method 1: Injecting recombinant human TSH (Thyrogen, rhTSH) before treatment.**

The advantage is that you can continue taking your thyroid hormone supplements without needing to stop your medication; this also helps you avoid symptoms of an underactive thyroid, such as tiredness and puffiness.

- **Method 2: Stopping thyroxine (T4) before treatment.**

While you're not taking the medication, you may feel tired and puffy, but these symptoms will resolve once you start taking your medication again.

Before treatment, your doctor will ask you to follow a low-iodine diet to reduce the iodine levels in your body, allowing the cancer cells to absorb the radioactive iodine more effectively. Foods to avoid include:

- Fish and seafood.
- Dairy products, such as eggs, cheese, and milk.
- Iodised salt.
- Medicines containing iodine, especially certain cough medicines.
- Food colour additive E127, for example: glacé cherries and canned strawberries.
- Supplements containing iodine.

Side Effects

Radioactive iodine therapy will expose you to a low dose of radiation, which will remain for four to five days after treatment. During this time, the radioactivity in your body will be expelled through your urine, blood, saliva, and sweat. As a precaution, you will stay in the hospital for a few days until the radioactivity has completely disappeared.

For the first few days after treatment, precautions must be taken to limit visitors and visiting time to protect them from radiation exposure. This is just a temporary precaution.

These measures and restricted visiting hours may make you feel isolated and lonely. However, isolation usually only lasts for four to five days. Once a scan shows that the radioactivity has disappeared, you can resume your normal life. If you are breastfeeding, you'll need to stop during the treatment and for a period of time afterwards. Your doctor will discuss how long you need to pause breastfeeding and help you plan for this.

External Radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells, aiming to treat the cancer while minimising damage to normal cells as much as possible.

Using external radiotherapy to treat thyroid cancer is not common. However, your doctor may consider it in the following situations:

- Medullary and anaplastic cancers: These types of cancer cells do not absorb iodine, so radiotherapy is more effective.
- Cancer cells remain in the neck after the surgery.
- The tumour cannot be removed with surgery, especially when its location or the patient's physical condition makes surgery unsuitable.
- The cancer has recurred after treatment.



To ensure the treatment is delivered accurately to the exact same position every time, the medical team will make a custom plastic mask for you to keep your head and neck still. When planning your treatment, healthcare staff will place the mask on you and take X-rays to accurately mark the areas that need treatment.

The treatment will take place in the hospital's radiotherapy department. A course of treatment is usually given five times a week, lasting for 5 to 6 weeks. The actual treatment time depends on the type and size of the cancer. Your doctor will discuss the treatment plan with you before treatment starts.

Because radiotherapy does not leave radioactive substances in your body, you can socialise normally during and after treatment, and there is no need to isolate yourself from others (including children).

Side Effects

Depending on the dose of treatment and the length of the course, side effects vary from person to person. Before starting treatment, your doctor will explain the possible side effects in detail:

- If you experience nausea, you can take anti-sickness medication (anti-emetics) prescribed by your doctor, which can effectively reduce the feeling of nausea.
- If you have a sore throat and find swallowing becomes difficult, you can use high-energy drinks to replace meals; consult your doctor before using them. The **“Diet and Cancer”** booklet published by the Hong Kong Cancer Fund contains practical dietary tips and is available for download.
- If your skin becomes red, dry, itchy, or sore, your radiographer will advise you on how to care for it. Avoid using perfumed or scented products and keep the skin dry. Wash your skin with warm water and gently pat dry.

Diet and Cancer booklet



Radiotherapy can make you feel tired, so prioritise rest especially if you're travelling far for daily sessions.

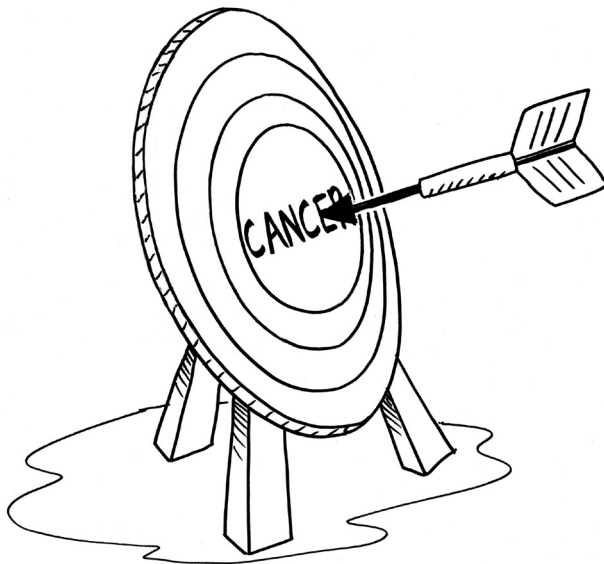
These side effects will gradually disappear two to three weeks after the treatment is finished. If the side effects persist, you should inform your doctor. External radiotherapy does not make you radioactive, so you can maintain normal social contact throughout the entire treatment process.

Targeted Therapy

Targeted therapies can attack cancer cells more precisely, reducing the impact on normal cells. If your thyroid cancer has spread or progressed, doctors may recommend targeted drugs:

Multi-kinase inhibitors – These drugs can stop the tumour from forming new blood vessels and block the proteins that help cancer cells grow and divide. Your doctor will choose the most appropriate drug based on your condition, the type of cancer, and your overall health.

The treatment is usually oral medication that you can take at home. Throughout treatment, your doctor will closely monitor the effectiveness and side effects, adjusting the dose as necessary.



What To Ask Your Doctors?

Before seeing the doctor to discuss the diagnosis and treatment recommendations, make a list of all of your questions. You can ask a family member or friend to accompany you, take notes, remind you of the questions you want to ask, or even ask them for you. If you don't understand, be sure to ask the doctor to explain. Some patients may wish to audio or video record the consultation content. However, this must be done with the doctor's prior consent, and the doctor also has the right to refuse such requests. In government hospitals, prior approval must also be obtained from the Hospital Authority. Here are some common questions cancer patients have:

1. What stage is my thyroid cancer?
2. What grade is my thyroid cancer, and what does this mean?
3. What tests will I need to have?
4. What treatment do you recommend?
5. What are the side effects of the different treatments?
6. Will the surgery affect my vocal cords?
7. What are the benefits of having radiotherapy after the surgery?
8. Will I still be able to work after the treatment is finished?
9. Will the treatment affect my fertility?
10. Aside from receiving treatment, what can I do to help myself?



Follow-up Appointments

After your treatment is finished, regular check-ups, blood tests and ultrasound scan of the neck are an important part of your care for the next few years. If you have concerns or notice any changes, you should inform your doctor as soon as possible.

You may also need to have a radioactive iodine scan to check if there are any remaining thyroid cancer cells in your body. In addition, you may have blood tests for thyroglobulin, a protein produced by the thyroid. This simple blood test can check for the presence of thyroid cancer cells that should have been destroyed.

To access other useful resources published by the Hong Kong Cancer Fund, such as **Radiotherapy, Diet and Cancer**, and **Hair Loss**, please scan the QR Code below or pick them up from a Cancer Patient Resource Centre in a public hospital during your treatment.

Cancer booklets



Your Feelings

Most people feel overwhelmed when they are told they have cancer. During diagnosis and treatment, your emotions may fluctuate due to physical reactions. You may experience some of the following emotions, although the order may differ. This is normal and does not mean that you are not strong enough to cope with cancer.

Navigating emotional changes is part of the patient's journey in coping with the disease. Everyone's reactions can vary, and there is no right or wrong way to feel. Your family and friends may also have similar feelings and need emotional support and guidance.

Shock And Disbelief

“I can't believe it!” “It can't be true!”

Upon first learning of a cancer diagnosis, the immediate reaction may be shock, numbness, and disbelief. After the initial shock, one may refuse to accept the reality: not listening to others, only remembering one's own suffering, or repeatedly asking the doctor the same questions without truly absorbing the information.

In fact, many cancers can be treated, and even if they cannot be cured, they can usually be controlled. Therefore, patients should allow themselves time to come to terms with their emotions before discussing it with those around them. This may help in accepting the diagnosis.

Anger

“Why me?” “Why did this happen to me?”

Some patients use anger to hide their fear and sadness. They may direct their anger toward family members, colleagues, their environment, or even question their faith: “Why are you being so harsh on me?”

Any illness is difficult to bear, but cancer can feel especially overwhelming. Anger is a normal emotion, and you should not feel guilty about it. Sometimes, your family and friends may not fully understand that your anger is linked to concerns about your condition.

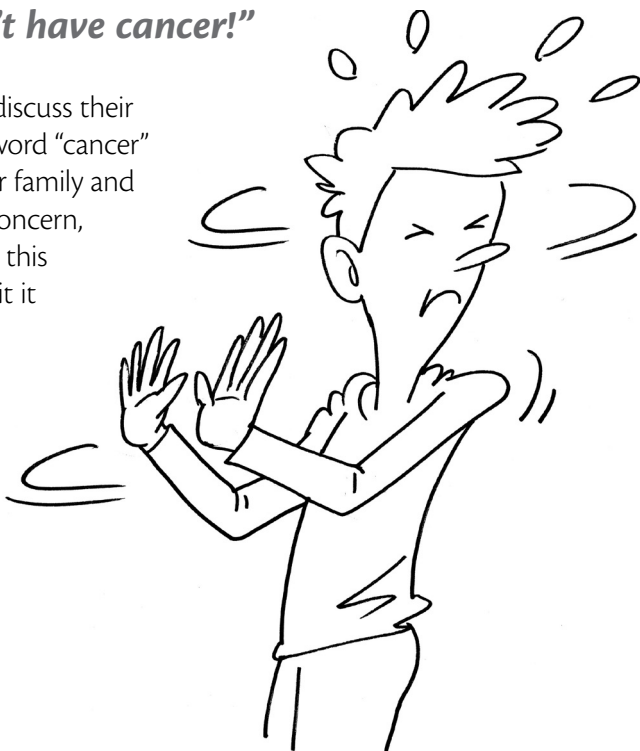
After your emotions have settled, try to express your feelings to them in an appropriate setting. If it's hard to do so face-to-face, consider using email, text messages, or even sharing this booklet with them. If you'd like to speak with a social worker or counsellor, our **free services hotline** is available: **3656 0800**.

Denial

"I'm fine!" "I didn't have cancer!"

Some patients may refuse to discuss their diagnosis and may avoid the word "cancer" altogether. It's okay to tell your family and friends: "Thank you for your concern, but I don't want to talk about this right now. I hope we can revisit it later!"

However, sometimes your family and friends may avoid the topic out of fear of upsetting you. If this makes you feel uncomfortable or isolated, don't hesitate to express that you understand your condition, want to face it positively, and need their support.





Fear

“Will I die?” “Will it hurt very much?”

Upon learning of a cancer diagnosis, “death” is often the first fear that comes to mind, followed by concerns about pain.

Recent advances in cancer treatment have led to higher success rates and lower mortality rates for most cancers. If detected early, many cancers can be cured, and for some patients, cancer has become a manageable chronic condition. If you experience pain, there are medications and other methods available to manage it, so there is no need to be overly anxious.

Another common worry is whether the benefits of treatment will outweigh its side effects. This concern is understandable, but each case is unique. You can prepare a list of all your questions and ask your doctor to explain them in simple terms until you fully understand and feel comfortable proceeding with treatment.

Some patients find that doctors’ answers about expected treatment outcomes can seem vague. This is because doctors can only provide information on treatment effects and reactions based on clinical experience and data. However, each patient’s

situation is different, and the true effects of the treatment can only be confirmed through follow-up examinations. However, with advancements in medical science, doctors are now better equipped to understand disease progression and offer a wider range of medications to provide appropriate follow-up and treatment options for patients.

The fear of recurrence after treatment is a common concern. The uncertainty of the future can indeed be unsettling, but reality is often less frightening than imagined. Talking to family and friends can help reduce unnecessary anxiety caused by stress. There are also many reliable resources with authoritative medical information and shared patient experiences that can help ease your concerns and allow you to approach treatment with peace of mind. However, be cautious about the sources of information you trust. Unreliable sources can lead to unnecessary worries and cause detours in your cancer journey. The Cancer Fund has produced over 50 booklets (14 in English) on topics like “**Understanding Cancer**” and “**How to Cope**”, which are available at our Support Centres or can be accessed electronically on the Cancer Fund’s website.

Cancer booklet



Complaint And Guilt

“If I hadn’t... I wouldn’t have gotten cancer.”

When diagnosed with cancer, some people may blame themselves or others, searching for a cause of their illness. While understanding the cause can provide psychological relief, even doctors may not always know the exact reason for a specific case of cancer. Therefore, patients should not blame themselves or dwell on unanswerable questions.

Resentment

“You haven’t tried radiotherapy, so you don’t understand my pain!”

During the course of an illness, feelings of resentment and frustration are common. Your family members might feel burdened by the disruption to their lives and may express frustration. It is helpful to find a moment to have open and honest conversations about your feelings. Working together to understand each other and find solutions will ease the strain. Holding on to resentment can increase stress for everyone involved.

Withdrawal And Self-Isolation

“Leave me alone!”

While you may desire some alone time to process your emotions during your illness, your family and friends may also want to support you during this difficult time. If you need space, try to communicate this to them. Let them know that you need quiet time to think, but that you will reach out for their support once you feel ready. This will help them understand your needs and give them the reassurance that you still value their presence.

Cancer can lead to depression and a desire to withdraw from others, which is understandable. However, if feelings of sadness persist for an extended period and start affecting your daily life, you can contact our social workers or clinical psychologists, or ask your doctor for a referral to a psychiatrist for counselling and support.



Learning To “Get Along” With Cancer

After being diagnosed, it may take time to adjust to the changes in your life and the side effects of treatment.

You may need frequent hospital visits and feel fatigued afterward. Some patients may need extended rest at home to recover after completing treatment. During this period, focus on resting and avoid overexerting yourself, whether in daily activities or work.

Many of today’s treatments have fewer side effects than in the past, allowing patients to maintain a relatively normal life during treatment.

Even if cancer can be overwhelming, try not to feel defeated. Don’t hesitate to share your experience with your friends and family. They will likely want to support you through this journey.



What Can You Do?

Upon learning of a cancer diagnosis, beyond the initial shock, some people may feel that they can only rely on doctors and wait passively. However, with the readily available information and the increasing number of social services organisations today, there are actually many things you and your family can do while waiting for diagnosis and treatment. Seeking information independently can help you understand your diagnosis better, giving you more confidence when making decisions about your treatment.

Understanding Your Cancer And Its Treatment

The more you learn about your cancer and treatment options, the easier it will be to make choices, cope with the treatment process, and adjust to life after treatment. However, sometimes information sources may not be reliable, and each patient's experience is unique. It is best to consult your doctor to ensure that the information you receive is accurate.



Patient Recovery After Treatment

After treatment, some patients may find it difficult to handle tasks that they previously took for granted, such as household chores. As your body gradually recovers, you can try setting small, achievable goals to slowly rebuild your confidence.

To start, focus on optimizing your diet and sleep patterns, both of which play a crucial role in supporting your recovery. You can create a healthy meal plan on your own or with the help of your family, and consult a nutritionist if needed. Relaxation is also important. There are many online resources available to help you master this skill, though it requires practice. You can access online resources at home or even attend classes, aiming for consistency and making it a part of your daily routine.

Additionally, you can incorporate regular exercise into your routine to strengthen your body. The type and frequency of exercise should be based on your physical condition, and you can set personalized goals and progress step-by-step.

Even if you find it challenging to adhere to a strict diet or exercise routine, you can explore new hobbies to support your well-being, such as walking, hiking, travelling, dancing, playing music and gardening, etc.

Financial Burden

In addition to affecting your physical health and mental well-being, cancer can also bring significant medical expenses. Apart from seeking treatment at public hospitals, you can apply for the government's "Comprehensive Social Security Assistance (CSSA) Scheme", various drug subsidy programs provided by the government and different organisations or the relief fund offered by the Cancer Fund when facing financial difficulties.

For more details, you contact our **service hotline** at **3656 0800** or speak to one of our professional team at our Cancer Support Centres.

Who Can Help?

Remember that many people are willing to help you and your family. Sometimes, it might be easier to talk to someone who is not directly connected to your condition. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Our team are always willing to discuss any concerns that you might have and can arrange for one-on-one counselling or connect you with a relevant peer support group. For more information, please call the Cancer Fund's **free services hotline at 3656 0800**.

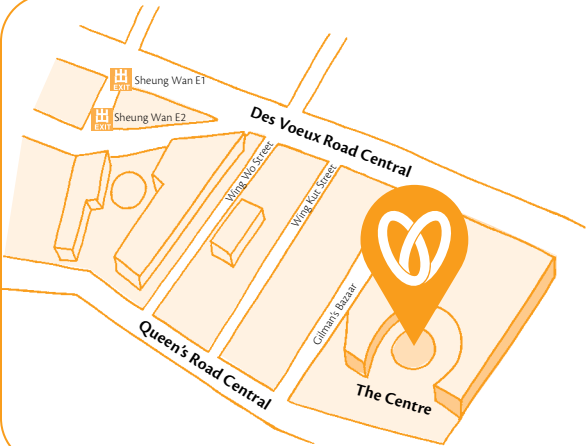
Cancer Fund's Peer Support

We have four Cancer Fund Support Centres located in Central, North Point, Wong Tai Sin and Kwai Chung. We are here to provide free information and counselling services for cancer patients and their families.

We have a network of 22 peer support groups under our umbrella, "Friends of CancerFund", with a strong membership of over 16,000 people that includes cancer patients and survivors. This one-of-a-kind volunteer-based network is cancer specific covering all types of cancer such as throat, prostate, colorectal, nasopharyngeal, gynaecological, breast and many more. We manage this large network through our Support Centres, providing mutual support services and organising various activities in the community.

FREE Services
(3656 0800

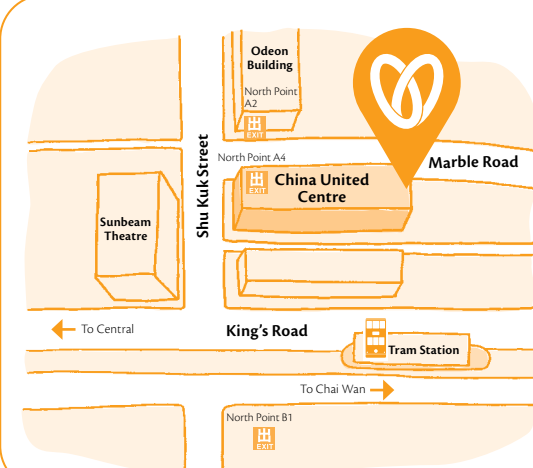
Location Maps Of Hong Kong Cancer Fund Support Centres



Hong Kong Cancer Fund Women Support Centre

Unit 5, Ground Floor, The Centre,
99 Queen's Road Central, Hong Kong
(MTR Sheung Wan Station Exit E1/E2)

Email: canfund-hki@hkcf.org



Hong Kong Cancer Fund Support Centre (North Point)

Room 2201-03, 22/F, China United Centre,
28 Marble Road, North Point, Hong Kong
(MTR North Point Station Exit A4)

Email: canfund-hki@hkcf.org

Special Thanks

SEEKER
PARTNERS LIMITED
中南資源控股有限公司

Hong Kong Cancer Fund Jockey Club Support Centre (Kwai Chung)

3/F, TLP132, 132-134 Tai Lin Pai Road,
Kwai Chung, New Territories
(MTR Kwai Fong Station Exit A)

Email: canfund-kcc@hkcf.org



Green Minibus Station

(Kwai Chung Road)
94, 302, 313



1 Kwai Fong Estate Bus Station

(Kwai Chung Road, Opposite to
Kwai Fong Estate / Outside
Yee Lim Factory Building)
237A, 265M, 269A, 269M, 290,
290A, 33A, 36A, 38A, 40, 46P,
46X, 57M, 59A, 61M, 935



2 Kwai Fong Estate Bus Station

(Kwai Chung Road, near
Kwai Yik Road)
240X, 260C, 265M, 269M, 46P,
46X, 47X, 57M, 58M, 58P, 59A,
67M, 269P

Funded by



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

同心 同步 同進 RIDING HIGH TOGETHER

Special Thanks



傅德蔭基金有限公司
Fu Tak Lam Foundation Limited



Hong Kong Cancer Fund Support Centre (Wong Tai Sin)

Unit 2-8, Wing C, G/F,
Lung Cheung House,
Lower Wong Tai Sin (II) Estate,
Kowloon
(MTR Wong Tai Sin Station Exit C2)

Email: canfund-wts@hkcf.org

“Hong Kong Cancer Fund’s holistic approach to cancer care ensures people with cancer and their families have free access to life-changing information and professional support as they navigate through their diagnosis, treatment and into survivorship.”

So no one should face cancer alone.

This booklet is published by Hong Kong Cancer Fund in 2026

We would like to express our gratitude to
Professor Jason YK Chan, Chairman of Department of Otorhinolaryngology,
Head and Neck Surgery at the Faculty of Medicine
of the Chinese University of Hong Kong in reviewing and proofreading this booklet

The contents of this booklet are accurate as of the final review date (Jun 2026).

Hong Kong Cancer Fund

Free Services: 3656 0800

Donation Hotline: 3667 6333

Website: www.cancer-fund.org



Cancer booklets



E-03-01-2026