



## Discharge Pathway for Thyroid Cancer Patients April 2021

Only patients with **excellent response after completion of therapy defined** as below will undergo surveillance.

- After lobectomy only: Negative imaging and undetectable thyroglobulin antibodies and stable thyroglobulin level.
- After total thyroidectomy: Negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <2ng/ml
- After total thyroidectomy and radioactive iodine remnant ablation: Negative imaging and undetectable thyroglobulin antibodies and thyroglobulin level <0.2 ng/ml or stimulated thyroglobulin level of < 1ng/ml.

**After follow up for 12 to 18 months at cancer centre and being in CR, patient can be followed by primary care provider.**

**Those patients who did not achieve complete response would continue to be followed up by oncologist. Patient however can be discharged at the discretion of treating oncologist if deemed appropriate.**

**Follow up for low-risk patient defined based on American Thyroid Association 2015:**

- Every 12 month serum thyroglobulin and thyroglobulin antibody levels.

**Follow up for Intermediate/high risk patients defined based on American Thyroid Association 2015:**

- Every 6-12 months serum thyroglobulin and thyroglobulin antibodies assessment with neck ultrasound.

**Serum TSH level should be maintained**

- In low normal range (0.5-2 microIU/ml) with low risk of recurrence or with excellent response to therapy as defined above.
- Mildly suppressed (0.1-0.5 microIU/ml) or suppressed (<0.1 microIU/ml) in patients with biochemical incomplete or indeterminate response to treatment and in patients with structural incomplete response, respectively.