Alexandria, Va. – In the United States, thyroid cancer incidence is increasing more rapidly than any other cancer and is commonly diagnosed at a younger age than most adult cancers. This year, an estimated 64,300 adults in the United States will be diagnosed with the disease.

A new study finds that younger survivors of thyroid cancer, those diagnosed before the age of 40, are at increased risk for hypertension, heart disease and osteoporosis. Researchers will present their findings at the upcoming 2017 Cancer Survivorship Symposium in San Diego.

“Patients diagnosed with thyroid cancer often have an excellent prognosis and survival rate, especially those diagnosed at younger ages, with less than 3% of thyroid cancer deaths occurring in patients diagnosed before age 40. But as the number of thyroid cancer survivors grows, more people are living with other serious health conditions resulting from treatment,” said lead author Brenna Blackburn, MPH, a member of the Hashibe Lab at Huntsman Cancer Institute (HCI) and a PhD candidate at the University of Utah. “It’s important to understand these long-term risks so that we can not only help manage their health, but also inform how oncologists care for these patients from the onset of diagnosis.”

Blackburn and colleagues examined data from 3,706 patients in Utah who were diagnosed with thyroid cancer between 1997 and 2012 and compared them with a matched control group of
15,587 people who did not have a cancer diagnosis. They found that survivors diagnosed with thyroid cancer before the age of 40 were five times more likely to develop swelling around the heart (peri-, endo-, and myocarditis), and more than twice as likely to develop heart valve disease, than the matched control group of cancer-free people. Younger thyroid cancer survivors were also more likely than matched controls to have other heart conditions, including hypertension and cardiac dysrhythmias. In addition, younger patients were more than seven times as likely to develop osteoporosis than the control group.

Researchers also assessed the risk of late effects among patients diagnosed at 40 years or older, finding some similar increased risks compared to the control group, but to a lesser extent than patients diagnosed before age 40. Specifically, they found older patients had a 46% increased risk of hypertension and were more than two times as likely to get osteoporosis than matched controls.

While such late effects are typically associated with aging, the authors speculate that younger patients are likely being treated with more aggressive treatments, including surgery, radioactive iodine therapy, external-beam radiation and hormone therapy.

“Younger patients are often considered healthier, and it’s assumed they’re better equipped to handle aggressive types of therapy that have been linked to heart damage, such as radiation and hormone therapy. But we’ve seen that they’re also developing worrisome side effects later,” Blackburn said.

This study is the start of a larger body of evidence that will inform how thyroid cancer patients are cared for in the future, according to the researchers. They plan to investigate whether cardiac late effects are the result of genetics or an inherited genetic mutation.

New guidelines from the American Society of Clinical Oncology address cardiac dysfunction in cancer survivors and recommend that clinicians complete a careful history and physical examination in patients who are receiving treatments that can potentially result in heart damage. The guidelines also refer patients to cardiologists for early management.

Thyroid cancer is the fifth most common cancer in women. It is estimated that 1,980 deaths from this disease will occur this year.

View the full abstract.

For your readers:

- Guide to Thyroid Cancer
- Guide to Cancer Survivorship
- Side Effects: Heart Problems
- Side Effects: Osteoporosis
2017 Cancer Survivorship Symposium News Planning Team
Lewis E. Foxhall, MD, American Academy of Family Physicians (AAFP); Carol A Rosenberg, MD, FACP, American College of Physicians (CAP); and Merry Jennifer Markham, MD, FACP, American Society of Clinical Oncology (ASCO).

Click here to view the disclosures for the News Planning Team.

ATTRIBUTION TO THE 2017 CANCER SURVIVORSHIP SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

###

1 Statistics adapted from the American Cancer Society's publication, Cancer Facts & Figures 2016.

**About the American Academy of Family Physicians:**
The American Academy of Family Physicians (AAFP) and its chapters represent more than 124,900 family physician, resident, and medical student members. The organization assists family practices in improving the health of patients, families, and communities by advancing the specialty of family medicine. Visit aafp.org to learn more.

**About the American College of Physicians:**
The American College of Physicians (ACP) has 148,000 members, including internists, internal medicine subspecialists, and medical students, residents, and fellows. The organization is the largest medical-specialty organization and second-largest physician group in the United States and is dedicated to helping apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults. To learn more, visit acponline.org.

**About ASCO:**
Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.