
Preface

This third edition of *Thyroid Cancer: A Comprehensive Guide to Clinical Management* yet again marks the publication of markedly updated and expanded volume that covers all aspects of the etiology, pathogenesis, diagnosis, initial treatment, and long-term management of all varieties of thyroid cancer. Like the earlier editions, it will serve as a valuable reference source for pathologists, endocrine surgeons, endocrinologists, nuclear medicine physicians, and oncologists. This edition again presents updated and extensive topics related to nuclear medicine, the inclusion of which recognizes the key role played by nuclear medicine physicians in the management of thyroid cancer patients. With Dr. Douglas Van Nostrand as coeditor of this volume, there are chapters dedicated to expert and extensive discussion of isotopes, isotope uptake, and scanning procedures including SPECT/CT, radioiodine ablation (with or without recombinant human TSH), stunning, dosimetry (with or without recombinant human TSH), Octreotide and FDG-PET scanning, and other alternative imaging modalities. There is a valuable reference atlas of scan images and illustrations and a scholarly summary of the side effects of radioiodine and how to avoid or minimize adverse effects of treatment. In addition to an updated section on ultrasonography of the thyroid gland, new sections on ultrasonography of cervical lymph nodes and imaging for thyroid cancer employing computerized tomography (CT), positron emission tomography (PET), and magnetic resonance imaging (MRI) have been added.

When the first edition was published in 2000, it was intended to meet the needs of practicing physicians for up-to-date clinically relevant information concerning the diagnosis and management of patients with thyroid cancer. The book received considerable acclaim and filled a void in the endocrine literature as a guide and reference source on the topics covered. Much has occurred in the field in the past 8 years since the second edition of 2006 that justifies the publication of this, an updated and extensively expanded, third edition. The topics of all of the new chapters are too lengthy to list here, and the reader is referred to the *Table of Contents*. We are especially pleased to now have new chapters on the role of genetics in the development of familial non-medullary thyroid cancer, as well as a section on alternative approaches to management of thyroid cancer. Again, the various chapters are written by highly knowledgeable experts, including many who are new to this edition. The authors provide not only the most current review of their respective areas, but also their own recommendations and approach. In this regard, the reader is forewarned that in many cases these approaches, albeit rooted in available data, may be empiric rather than based upon clear-cut results of well-controlled clinical trials. Nevertheless, controversial issues are examined and evidence-based recommendations are presented when available. As we were going to press, so were the newly revised guidelines for the management of thyroid cancer of the American Thyroid Association, and reference to these new guidelines has been included where feasible.

In addition, there are updated chapters on our current state of knowledge of the molecular changes in thyroid cancer, molecular markers, and aspects of how targeted therapies are being developed. New therapeutic trials of redifferentiation agents to restore the sodium iodide symporter when lacking and more traditional chemotherapies are discussed, with referral sources listed for entry of patients into Phase 1–3 clinical trials. Happily, most patients with well-differentiated thyroid cancer have an excellent prognosis when managed early and appropriately. But contributing authors also present their approaches to the management of more difficult

cases, those with extensive bone metastases, those with negative isotope scans but high serum thyroglobulin, and those patients with positive antithyroglobulin antibodies that interfere with measurement of serum thyroglobulin.

Thyroid cancer is fortunately rare in children, but special problems apply to the pediatric population when it does occur in children. The sections on both differentiated thyroid cancer and medullary thyroid cancer in children have been updated with particular attention to the need for cautious approaches to radioiodine scanning and treatment to minimize radiation exposure when radioiodine is indicated. Thyroid cancer occurring under special or unique circumstances is well covered, such as during pregnancy, in thyroglossal duct cysts and struma ovarii, as well as the special problem related to radioiodine therapy for the end-stage renal patient with thyroid cancer. The rationale and methods for the use of low iodine diets are presented with practical guidelines for the patient, as are radiation safety guidelines (for both physicians and patients) for radioiodine therapy with sample formats and worksheet documents and a list of resources for more information for patients. And finally, newer locally ablative techniques to destroy metastatic foci are discussed such as ethanol instillation and laser and radiofrequency ablation.

In general, the same format as used in the earlier two editions is again employed, that of separating each type of thyroid cancer and having authors separately address clinical presentation, diagnosis, surgery, pathology, follow-up, treatment, and prognosis for each tumor. This arrangement allows the reader to quickly refer to the specific cancer in his or her patient, with everything and anything that they need to know in one place in a concise, readable format. This format works well in most but not all cases, with some obvious overlap in the management of the two well-differentiated cancers, papillary and follicular, and so some discussions of these two tumors is combined when appropriate. Separate sections deal with Hürthle cell cancer, thyroid lymphoma, and more rare and unusual tumors of the thyroid. Given the publication deadlines for manuscript submission, the most current reference citations possible are provided in the bibliography of each chapter.

I am indebted to the skilled and professional support staff of Springer, especially Jessica Gonzalez and Kevin Wright. I thank our outstanding group of authors for their expert and well-written contributions and my coeditor, Douglas Van Nostrand, for his invaluable expertise and assistance with this project. We hope that the result will provide useful information to physicians managing patients with thyroid cancer for years to come.

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