Patient information letter

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear XXX,

You were referred to our Endocrinology Clinic for assessment of your **thyroid cancer.** At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

# Care instructions:

* Continue your thyroid medication (levothyroxine)
* Once a year, please ask your primary care provider to:
	+ Examine your neck
	+ Have your TSH levels checked by your primary care provider at least once a year to make sure they are within the target levels: \_\_\_\_to \_\_\_\_
	+ Check your thyroglobulin and anti-thyroglobulin antibodies (this always needs to be done at the same laboratory)
	+ Decide when you are next due for a follow-up neck ultrasound. It’s best to do it at the same facility as your last ultrasound, to compare the results.

# Thyroid cancer assessment:

You are at low risk of thyroid cancer recurring in the future. You have shown an excellent response to therapy.

# Summary of thyroid cancer history:

Thyroid cancer pathology:
- Cell type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- TNM stage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Extrathyroidal extension: Yes No
- Lymphatic Invasion: Yes No
- Vascular invasion: Yes No

Treatment:
- Surgeon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- RAI dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mCi Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Complications of surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Complications of RAI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current levothyroxine dose: \_\_\_\_\_\_\_\_\_ mcg/day

# Current test results

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Thyroid U/S | Thyroglobulin | Thyroglobulin antibody | TSH |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |