

Princeton Health



A Team Approach to Thyroid Cancer

ALSO IN THIS ISSUE:

- Depression and Heart Disease
- Getting a Good Night's Sleep
- Treating Irritable Bowel Syndrome

PLUS:

- **Community Focus** Event Calendar



Princeton HealthCare System

A Team Approach to
Thyroid Cancer..... 2

Arthroscopic Joint Repair:
Not Just for Professional
Athletes 4

Managing Your Emotions:
Princeton House Behavioral
Health Can Help..... 5

Making Fitness Fun:
Join Us for the 7th Annual
Kids Marathon..... 6

COMMUNITY FOCUS 7

Depression and Heart Disease:
A Serious Concern for Women
55 and Younger..... 19

Food for Thought: Is My Child a
Picky Eater, or Developing an
Eating Disorder?.....20

Rise and Shine:
Start the Day Right With a
Good Night's Sleep21

A Multifaceted Approach to
Treating Irritable Bowel
Syndrome22

Donald F. Denny Jr., MD,
Honored as Physician
Philanthropist of the Year.....23

Join Us! 20th Annual
Princeton HealthCare System
Golf Outing.....23

Princeton HealthCare
System's 2014 Progress Report
to the Community is Now
Available Online.....24

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A Team Approach to Thyroid Cancer

Like many people, Ryan Walters had no idea anything was wrong with his thyroid until a doctor noticed a lump below his Adam's apple during a routine exam in the fall of 2014. Within a matter of weeks, an ultrasound test and biopsy confirmed he had thyroid cancer.

"It was shocking," says the Hightstown man, who enjoys an active lifestyle, including fishing. "I was only 30 years old, and I had never had any major health problems in my life, not even a broken bone."

Thyroid cancer is the most rapidly increasing type of cancer in the U.S., with 62,000 new cases expected this year, according to the American Cancer Society. Ultrasounds are used during the diagnostic process and they are able to detect smaller tumors, so this may account for the rise in reported cases, but there is also an increase in the number of patients with larger nodules.



"While thyroid cancer is becoming more common, it is, fortunately, also one of the more curable forms of cancer," says **Rashmi Roy, MD**, a board certified surgeon at University Medical Center of Princeton (UMCP). "As more physicians become aware of the symptoms of the disease, we're detecting cancer at an earlier stage, when it is most treatable."

Detecting Thyroid Trouble

The thyroid is a butterfly-shaped gland in the lower front of the neck that secretes hormones to regulate bodily functions, including metabolism, growth and development, and temperature. Thyroid problems cause symptoms similar to many other conditions, so the first detected warning sign is often when a lump (nodule) is felt in the neck.



Doctors use ultrasound to locate the nodule and, if necessary, use a small needle biopsy to remove cells for testing. A pathologist examines these cells under a microscope to determine the diagnosis. Roughly 85 percent of nodules are determined to be benign, while around 5 percent are diagnosed as cancer, says **Elliot Krauss, MD**, Chairman of the Department of Pathology and Laboratory Medicine at UMCP.

In the other 10 percent of cases, it's unclear exactly whether the nodule is cancerous or benign. In those cases, UMCP uses state-of-the-art molecular testing to determine the odds that a nodule is cancerous. This provides the surgeon and the patient with the information they need as they discuss the patient's condition and make a decision about treatment.

“We’re proud of the program we’ve developed here to diagnose and treat thyroid cancer,” says Dr. Krauss, noting his department has tested some 5,500 thyroid samples since 1999. “We really have a coordinated, multispecialty team effort to offer the best care possible.”

Ryan’s Story

On Oct. 21, 2014, Walters underwent surgery to have his thyroid removed with Dr. Roy, who is on track to perform more than 150 such procedures this year. The procedure requires only a small incision and an overnight hospital stay.



In late January of this year, Walters also had a radioactive iodine treatment to destroy any potentially remaining microscopic thyroid cells. He will continue with regular follow-up visits with **Jason M. Hollander, MD**, a board certified endocrinologist on staff at UMCP.

“Patients with thyroid cancer need high-resolution ultrasound periodically after treatment to look for any possible recurrences,” Dr. Hollander says. “The overall cure rate is very high for the most common type of thyroid cancer in younger patients, and most of them do very well.”

Looking back, Walters believes his thyroid was the reason he felt tired and “beat up” off and on for more than a year. Now that he and his doctors are hopeful he is on the road to recovery, he’s looking forward to an active summer.

“I’ve always been a high-energy guy, and I’m finally starting to feel like my energy is coming back again,” Walters says.

To find an endocrinologist or surgeon affiliated with Princeton HealthCare System, visit www.princetonhcs.org or call 1.888.PHCS4YOU (1.888.742.7496).

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Common Thyroid Conditions

Thyroid cancer is becoming more common, but it is still rare compared with other thyroid diseases, which impact an estimated 20 million Americans. Common conditions include:

- Excessive thyroid hormone production (**hyperthyroidism**), which causes symptoms such as irritability, tremor, weight loss and sweating.
- Low thyroid hormone production (**hypothyroidism**), which can cause weight gain and leave a person feeling chronically tired and sensitive to cold.

- **Graves’ disease**, an autoimmune condition that can cause hyperthyroidism.
- **Multinodular goiter**, which is an enlarged thyroid that can cause symptoms such as voice changes, or difficulty swallowing or breathing.

Some of these conditions can be treated using medication. But if medical management has failed, surgery is the next likely option. Thyroid removal is also indicated if the thyroid nodule is very large, is causing compressive symptoms or is at risk for cancer.



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Redefining Care

Princeton HealthCare System's 2014 Progress Report to the Community is available online.

- A summary of new services and enhancements to existing programs
- A report on our clinical performance and patient satisfaction rates
- A recap of the hundreds of free or low-cost health education programs available to the community
- An update on the Princeton Health Campus

To view the report, visit www.princetonhcs.org/progressreport.