# Thyroid cancer: Emerging trends in diagnosis and management.

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Thyroid cancer is one of the most common malignancies of the endocrine system, with an increasing incidence worldwide over the past few decades. The good news is that with advancements in diagnostic techniques and treatment modalities, patients diagnosed with thyroid cancer have better prognoses and treatment outcomes than ever before. This article explores the emerging trends in the diagnosis and management of thyroid cancer, shedding light on how these developments are reshaping the landscape of thyroid cancer care [1].

#### **Early Detection and Diagnosis**

*Ultrasound and Fine-Needle Aspiration (FNA):* The cornerstone of thyroid cancer diagnosis remains ultrasound-guided fine-needle aspiration. Emerging trends in ultrasound technology, such as elastography and contrast-enhanced ultrasound, are enhancing the accuracy of thyroid nodule assessment.

*Molecular Testing:* Molecular diagnostics, including mutational analysis and gene expression profiling, are playing an increasingly significant role in refining the diagnosis of thyroid cancer. These tests help determine the likelihood of malignancy in indeterminate nodules and guide appropriate management [2].

### **Risk Stratification and Personalized Treatment**

*Thyroid Nodule Risk Stratification:* Advances in risk stratification systems, such as the American Thyroid Association (ATA) and Thyroid Imaging Reporting and Data System (TI-RADS), assist in categorizing thyroid nodules more precisely. This allows clinicians to tailor treatment plans according to individual patient risk.

**Targeted Therapies:** In cases of advanced thyroid cancer, especially that refractory to traditional treatments, targeted therapies have emerged as a promising avenue. Drugs like tyrosine kinase inhibitors (TKIs) have shown effectiveness in improving progression-free survival and quality of life.

### **Minimally Invasive Surgery**

**Robotic-Assisted Surgery:** Robotic-assisted thyroidectomy is becoming more common, allowing for smaller incisions, reduced scarring, and quicker recovery times. This approach is particularly advantageous for select patients, leading to improved cosmetic outcomes.

*Transoral Endoscopic Thyroidectomy Vestibular Approach* (*TOETVA*): TOETVA is another minimally invasive option

for thyroid surgery. This technique offers the advantage of no neck incisions, minimizing scarring and postoperative discomfort [3].

## Lymph Node Management

*Selective Neck Dissection:* Recent trends in lymph node management for thyroid cancer involve selective neck dissection techniques. This approach reduces the morbidity associated with comprehensive neck dissections while effectively targeting involved lymph nodes.

**Sentinel Lymph Node Biopsy:** Emerging research explores the potential use of sentinel lymph node biopsy as a less invasive means of determining lymph node involvement in thyroid cancer, further reducing the need for extensive neck surgery.

## Follow-Up and Surveillance

*Thyroglobulin Doubling Time:* Monitoring thyroglobulin doubling time has gained traction as an indicator of disease progression and response to treatment. It helps clinicians make informed decisions about ongoing management.

*Imaging Innovations:* Advancements in imaging, such as positron emission tomography (PET) and magnetic resonance imaging (MRI), are improving the accuracy of detecting recurrent or metastatic disease, facilitating timely intervention [4].

The diagnosis and management of thyroid cancer are evolving rapidly, driven by innovations in diagnostic tools, surgical techniques, and treatment options. These emerging trends are leading to earlier detection, more personalized care, and improved outcomes for patients with thyroid cancer. As research continues and technology advances, we can expect further refinements in the diagnosis and management of this common endocrine malignancy, ultimately enhancing the lives of those affected by thyroid cancer [5].

#### References

- 1. Laha D, Nilubol N, Boufraqech M. New therapies for advanced thyroid cancer. Front Endocrinol. 2020;11:82.
- 2. Araque KA, Gubbi S, Klubo-Gwiezdzinska J. Updates on the management of thyroid cancer. Horm Metab Res. 2020;52(08):562-77.
- 3. Prete A, Borges de Souza P, et al. Update on fundamental mechanisms of thyroid cancer. Front Endocrinol. 2020;11:102.

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- 4. Nabhan F, Dedhia PH, Ringel MD. Thyroid cancer, recent advances in diagnosis and therapy. Int J Cancer. 2021;149(5):984-92.
- 5. Seib CD, Sosa JA. Evolving understanding of the epidemiology of thyroid cancer. Endocrinol Metab Clin. 2019;48(1):23-35

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