

## Flowsheet for HIGH Recurrence Risk\* PTC/FTC Patients

Patient Name: \_\_\_\_\_ HSC: \_\_\_\_\_ L or R hemithyroidectomy/Total (circle) : \_\_\_\_\_

Completion hemithyroidectomy: \_\_\_\_\_

Post-Operative (unstimulated) Tg: \_\_\_\_\_ ug/L

RAI Administered? Dose: \_\_\_\_\_ mCi Date: \_\_\_\_\_ HypopPTH? Date Ca support discontinued: \_\_\_\_\_

	1 mo	3 mos	6 mos	9 mos	12 mos	15 mos	18 mos	21 mos	24 mos	30 mos	36 mos	42 mos	48 mos	54 mos	60 mos
<b>Date Due:</b>															
Levothyroxine dose (mcg)															
Serum TSH Free T4	/	/	/	/	/		/		/	/	/	/	/	/	/
Unstim. Tg Anti-Tg		/	/		/		/		/	/		/		/	
Stimulated Tg Anti-Tg															
Diagnostic Whole Body Scan															
Neck Ultrasound (indicate – or + findings)															

\*\*“High Risk” → Extensive N1b (lateral neck) lymph node metastases or locally invasive (T4) tumours ± distant metastasis.

### ATA Surveillance Guidelines for High Risk Patients:

- TSH Goal – <0.1 mIU/L for 3-5 years, then 0.5-1 if patient remains stably in remission.
- U/S at 6 months post-op & then q6-12 mos for 5 yrs, TFT's and unstimulated Thyroglobulin every 3-6 mos for 3 yrs and then annually
- TSH-stimulated Tg ± <sup>123</sup>I scan after 1-2 years.