**COVID-19 Advice for patients with thyroid cancer**

We are aware that many patients with cancer have already received generic advice from the Chief Medical Officer regarding ‘shielding’ during the COVID-19 pandemic. The advice given below has been developed by UK thyroid cancer doctors and is tailored to specific thyroid cancer scenarios.

(i) **Patients who have completed treatment for thyroid cancer**

Patients who have previously received treatment for thyroid cancer such as surgery, with or without radioiodine (remnant ablation or radioiodine therapy), are not considered at higher risk of infection from COVID-19.

(ii) **Patients in whom surgery for thyroid cancer is planned**

Patients with significant symptoms and/or rapidly progressive disease should still be able to access surgery. For patients with cancers categorised as ‘low risk’ (where progression is considered to be slow) surgery may be delayed until a time when it is considered safer to proceed. Surgery may also be deferred for patients considered susceptible to severe COVID-19 infection or who may need intensive care monitoring after surgery. There will be variability in the provision of surgery across the UK due to the number of local COVID-19 patients and staff availability. More detailed advice about which operations should be prioritised can be found [here.](https://www.endocrinology.org/media/3571/baets-statement-on-covid-19-and-thyroid-cancer-services.pdf)

(iii) **Radioactive iodine therapy**

Patients awaiting radioiodine therapy may well find that their treatment is postponed. Whilst the treatment itself does not increase the risk of infection, subsequent radiation protection issues would seriously complicate the care of any patient who subsequently became unwell with COVID-19. In most cases, radioiodine therapy is not urgent and can be safely delayed. If you have concerns please discuss with your own hospital team. A statement regarding radioactive iodine ablation and treatment for patients with differentiated thyroid cancer be found [here](https://www.endocrinology.org/media/3575/radioactive-iodine-treatment-during-covid19-pandemic.pdf).

(iv) **TSH suppressive therapy**

Patients on suppressive doses of thyroxine (i.e have a TSH target of <0.1mU/l) should continue on their current dose. Being on suppressive dose of levothyroxine does not increase the risk of COVID-19 infection.

(v) **Multikinase inhibitors and chemotherapy**

Patients who are receiving multikinase inhibitors (such as Lenvatinib or Sorafenib), or chemotherapy are at increased risk of severe illness from coronavirus and should follow government advice regarding shielding- <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>.

They should expect to hear from their centre and to have a discussion about the advisability of continuing treatment at this time in their particular circunmstances.

(vi) **Previous radiotherapy**

Patients who have previously received external beam radiotherapy to the neck may be at increased risk of severe illness with coronavirus and should also consider self-isolating.

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To be reviewed in 2 weeks