



U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Screening for Thyroid Cancer

Task Force found that clinicians should not screen the general adult population for asymptomatic thyroid cancer

WASHINGTON, D.C. – November 22, 2016 – The U.S. Preventive Services Task Force (Task Force) posted a draft recommendation statement and draft evidence review on screening for thyroid cancer today. Based on its review of the evidence, the Task Force recommends that clinicians do not screen for asymptomatic thyroid cancer in the general adult population. **This is a D recommendation.**

The Task Force is providing an opportunity for public comment on this draft recommendation statement until December 26. All comments will be considered as the Task Force develops its final recommendation.

Thyroid cancer affects the thyroid gland, a butterfly-shaped gland in the neck that produces hormones that help control the body's metabolism. There are different types of thyroid cancer, but overall it is rare in the United States. In 2016, it is estimated that 64,300 new cases of thyroid cancer will develop, which represents just 3.8 percent of all new cancers.

Grades in this recommendation:

D: Recommended against.

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The Task Force reviewed studies on the benefits and harms of screening and treatment for thyroid cancer and found that for people with no signs or symptoms of the disease, the harms of screening and treatment are likely to be greater than the benefits. Harms of treatment can include permanent surgical harms, such as damage to thyroid function and damage to the nerves that control speaking and breathing.

"While there is very little evidence of the benefits of screening for thyroid cancer, there is considerable evidence of the significant harms of treatment," says Task Force member Karina W. Davison, Ph.D., M.A.Sc. "And in the places where universal screening has been tried, it hasn't helped people live longer, healthier lives."

The data the Task Force reviewed on the harms of screening also suggest that overdiagnosis is likely a substantial issue.

"Population studies from several countries suggests that widespread screening for thyroid cancer is likely to result in overdiagnosis," says Task Force chair Kirsten Bibbins-Domingo, Ph.D, M.D., M.A.S. "People who are treated for small or slow-growing tumors are exposed to risks from surgery or radiation, but do not receive any benefit because the tumors are unlikely to affect the person's health during their lifetime."

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Karina W. Davidson is a professor of medicine and psychiatry and the director of the Center for Behavioral Cardiovascular Health at Columbia University Medical Center. She is also a psychologist in the Department of Psychiatry at New York Presbyterian Hospital/Columbia University Medical Center.

Kirsten Bibbins-Domingo is the Lee Goldman, MD, endowed chair in medicine and professor of medicine and of epidemiology and biostatistics at the University of California, San Francisco (UCSF). She is a general internist, attending physician, and the director of the UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital.

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