Age

- The patient's age in years.

Gender

- The patient’s sex.

Smoking

- Indicates whether the patient smokes.

Hx Smoking

- Indicates whether the patient has a history of smoking, even if they are not a current smoker.

Hx Radiotherapy

- Indicates whether the patient has previously received radiation therapy.

Thyroid Function

- Refers to the status of thyroid function (Thyroid-Stimulating Hormone is a hormone produced by the pituitary gland that regulates thyroid function by stimulating the thyroid to produce the hormones T3 and T4).
    - Euthyroid:
        - The thyroid is functioning normally with balanced levels of thyroid hormones (T3, T4) and TSH.
    - Clinical Hyperthyroidism:
        - The thyroid is overactive, producing excess thyroid hormones (high T3, T4) with low TSH, causing symptoms of hyperthyroidism.
    - Clinical Hypothyroidism:
        - The thyroid is underactive, producing insufficient thyroid hormones (low T3, T4) with high TSH, causing symptoms of hypothyroidism.
    - Subclinical Hyperthyroidism:
        - Thyroid hormone levels (T3, T4) are normal, but TSH is low, indicating early or mild hyperthyroidism without significant symptoms.
    - Subclinical Hypothyroidism:
        - Thyroid hormone levels (T3, T4) are normal, but TSH is high, indicating early or mild hypothyroidism without significant symptoms.

Physical Examination

- Results from a physical examination.
    - Single Nodular Goiter (Left or Right):
        - This is when a single nodule (lump) forms on one side of the thyroid gland, either left or right.
    - Multinodular Goiter:
        - This is when multiple nodules develop in the thyroid, causing an enlargement of the gland.
    - Normal:
        - This indicates a thyroid with no nodules or abnormalities.
    - Diffuse Goiter:
        - This refers to an overall enlargement of the thyroid gland without distinct nodules.

Adenopathy

- Refers to the presence of lymphadenopathy, which means swollen or enlarged lymph nodes.

Pathology

- Describes the pathological findings of the thyroid tissue.
    - Micropapillary:
        - A tiny, less aggressive type of thyroid cancer with small finger-like projections under the microscope.
    - Papillary:
        - The most common thyroid cancer, known for its slow growth and characteristic finger-like projections.
    - Follicular:
        - A type of thyroid cancer that forms in the thyroid's follicles and can spread to other parts of the body.
    - Hurthle Cell:
        - A rarer, more aggressive thyroid cancer with large, abnormal cells that can be harder to treat.

Focality

- Refers to the number and distribution of cancerous foci within the thyroid gland.
    - Focal:
        - The cancer is only in one spot or nodule within the thyroid.
    - Multifocal:
        - The cancer is found in more than one spot or nodule within the thyroid.

Risk

- Refers to the likelihood of the cancer spreading or worsening.

T

- Refers to the size and extent of the tumor
    - T1a:
        - The tumor is 1 cm or smaller and confined to the thyroid. It is usually a small, early-stage cancer.
    - T1b:
        - The tumor is larger than 1 cm but 2 cm or smaller and confined to the thyroid. It remains localized but is slightly larger than T1a.
    - T2:
        - The tumor is larger than 2 cm but 4 cm or smaller and confined to the thyroid. It is still within the thyroid but is more significant in size.
    - T3a:
        - The tumor is larger than 4 cm and is still confined to the thyroid, meaning it hasn't spread outside the gland.
    - T3b:
        - The tumor has extended beyond the thyroid capsule into surrounding tissues, but it does not invade major structures like the trachea or esophagus.
    - T4a:

        - The tumor has invaded nearby structures such as the surrounding soft tissues or the larynx, trachea, or esophagus, but it is still not widespread.
    - T4b:
        - The tumor has invaded more distant structures, including major organs or tissues like the neck muscles, or has extensive local invasion.

N

- Refers to the involvement of regional lymph nodes. It shows whether the cancer has spread to nearby lymph nodes and, if so, how many and to what extent.
    - N0:
        - No regional lymph node involvement; the cancer has not spread to the nearby lymph nodes.
    - N1a:
        - Cancer has spread to one or more lymph nodes on the same side of the neck as the primary tumor, but the lymph nodes are 3 cm or smaller.
    - N1b:
        - Cancer has spread to lymph nodes either on the opposite side of the neck from the primary tumor, in multiple lymph nodes, or in lymph nodes larger than 3 cm, indicating more extensive regional spread.

M

- Describes whether the cancer has spread to distant parts of the body beyond the primary tumor site.
    - M0:
        - Indicates that the cancer has not spread to distant organs or tissues.
    - M1:
        - Indicates that the cancer has spread to distant organs or tissues, such as the lungs, liver, or bones.

Stage

- Refers to the extent and severity of cancer, describing how far it has spread from its original site
    - Stage I:
        - The cancer is small and localized to the primary site with no spread to nearby lymph nodes or distant parts of the body.
    - Stage II:
        - The cancer is larger or has spread to nearby tissues or lymph nodes but has not spread to distant parts of the body.
    - Stage III:
        - The cancer has spread more extensively to nearby lymph nodes and/or tissues but has not metastasized to distant organs.
    - Stage IVA:
        - The cancer has spread to nearby structures such as the larynx or trachea and/or extensive regional lymph node involvement but has not yet metastasized to distant organs.
    - Stage IVB:

        - The cancer has spread to distant organs or tissues beyond the regional area, indicating a more advanced stage of the disease.

Response

- Refers to how effectively the cancer is reacting to the prescribed therapy
    - Indeterminate:
        - The treatment response is unclear, with results not providing a definitive answer about the status of the cancer.
    - Excellent:
        - The treatment has achieved a very favorable outcome, often with no detectable cancer remaining.
    - Structural Incomplete:
        - The treatment has not fully resolved or removed all visible cancerous structures or tumors.
    - Biochemical Incomplete:
        - The treatment has not fully normalized abnormal biochemical markers or hormone levels associated with cancer.

Recurrence

- Indicates whether the cancer has returned or not