

The Needs of Canadian Thyroid Cancer Survivors

Building Knowledge and Understanding Through Social Learning

Patricia Sharkey

Wally Patching Memorial Lecture presented at the Annual General Meeting of the Canadian Thyroid Cancer Support Group (Thry'vors) Inc. May 28, 2006. Toronto.

This presentation summarizes the needs of Canadian thyroid cancer survivors identified by the Thry'vors 2006 listserv survey; highlights the importance of social learning to patient support groups and identifies what individuals can do to contribute to Thry'vors learning and networking.

Patricia is a community planner and one of the founding members of Thry'vors. She was diagnosed with thyroid cancer in 1999 while doing graduate studies in community development and knowledge management. Patricia chairs the listserv committee which manages the on-line communication system that connects thyroid cancer survivors across Canada [<http://www.groups.yahoo.com/group/thryvors>].

Introduction

The focus of this presentation is on the needs of Canadian thyroid cancer survivors; what we've learned within our support community and how we can encourage learning between Thry'vors and the various other communities of which we are members. When we speak of organizational capacity, or the ability of support groups to function, we often look at financial resources, the number of members, the number of active volunteers but rarely do we acknowledge the importance of building knowledge and learning within our group and between our group and others.

Thyroid cancer is a rare disease. In Canada, thyroid cancer will represent approximately 2.2% of all cancers diagnosed in 2006. There are different variants of thyroid cancer and some variants are much more difficult to manage than others. The rarity and diversity of thyroid cancer means that the broader society is not familiar with the disease and what thyroid cancer survivors experience. As we learn about the needs, challenges, and experiences of our Thry'vors members, we also need to share that knowledge with others. By recognizing the importance of sharing knowledge and learning, we improve the capacity of Thry'vors to be a valuable organization of support and patient resources. By sharing our knowledge and the stories of our experiences, we strengthen Thry'vors' ability to help others learn, understand, and respond to the needs of thyroid cancer survivors.

When a presentation is called "a memorial lecture", you know there is someone missing and that people want to remember both the person and their contributions. There are people we meet during our lifetime who change us and remain with us. This is certainly the case with Wally Patching. Wally battled a rare and aggressive form of papillary thyroid cancer that had already spread beyond his thyroid by the time he was first diagnosed. For many of the founding members of Thry'vors, Wally and his wife Diane, were our inspiration of how to tackle thyroid cancer, help others facing the same challenge and live as normal a life as possible. Wally died in 2004 and this annual lecture is an ongoing effort to fulfill Wally and Diane's vision of improved Canadian thyroid cancer patient information, support, healthcare and public awareness.

For the presentation I'm going to start by describing what I mean by "social learning" and why it is important to Thry'vors. Then I'll outline a description of the Canadian thyroid cancer statistics and patient profiles from the current research literature to set the stage for understanding the needs of thyroid cancer survivors as shared by our Thry'vors members in the 2006 listserv evaluation. To show what individuals can do to help social learning, I'm going to give some examples of what our Thry'vors volunteers have been working on. And to wrap things up, I'll outline some actions individuals can take to help contribute to Thry'vors.

Social Learning

Wally loved jokes, puzzles and Clydesdales (which he and Diane raised), so I'll start the discussion on social learning with a puzzle, in the form of two questions about Clydesdales:

- (1) What does a Clydesdale know about being a horse ?
- (2) What does a flower know about being a Clydesdale?

I'm sure if Wally were here he'd have a witty answer but the rest of us are pretty much stumped by these questions because neither horses nor flowers are part of the human community and it is within our *communities* that we *learn* and *store knowledge*.

Another example of what I mean by learning within communities. The term 'tree' has very different meanings depending upon which community is using it.

to *foresters*, a tree is a branched perennial plant and there are many kinds of trees

to *human resources professionals*, a tree is an organizational structure that shows authority, responsibility, chain of command

to *information technology gurus*, a tree is a data structure or a network structure

to *genealogists*, a tree is a record of a family history

to *horse racers*, a tree is the basic structure of the saddle that is covered with leather

These are just a few examples of how our understanding and knowledge are shaped by which communities we belong to and we all belong to multiple communities simultaneously.

If you ask any of these community members to tell you all that they know about 'a tree' you won't just get the one-liner definition I've outlined or a short paragraph you can read in a book. You will get detail – lots of detail. Detail they've learned from years, if not decades, of experience in working with their trees and talking about trees with other members in their community. Unless you are a member of their community, you probably won't be able to appreciate the depth of their descriptions and may even be rather confused by their glorious ongoing details about 'trees'.

This same reaction – silence, puzzled looks, misunderstanding, not knowing what the detailed descriptions mean – can be a fairly common encounter for thyroid cancer survivors trying to explain our experiences because we are a unique **community**. We even have our own language: hypo, hyper, RAI, EBR, tt, endo.....

Remember how much you needed to learn when you were first diagnosed with thyroid cancer? Consider how challenging it was to find resources, or even to find out about Thry'vors to access support and meet people who are dealing with the same situation.

While different disciplines have different definitions for the term 'social learning'. In this case I'm using a definition by Etienne Wenger, a learning researcher who developed the concept of situated learning and communities of practice.

Knowing always involves two components: the competence that our communities have established over time (i.e. what it takes to act and be recognized as a competent member), and our ongoing experience of the world as a member (in the context of a given community and beyond).

Learning is an interplay between social competence and personal experience. It is a dynamic, two-way relationship between people and the social learning systems in which they participate. It combines personal transformation with the evolution of social structures.

Etienne Wenger. 2000. "Communities of Practice and Social Learning Systems." Organization. 7(2): 225-246.

Thry'vors is much more than a group of thyroid cancer survivors. We are not just a group of people with a common diagnosis and no thyroids. We are a community of people who can bring the full range of our life experiences, contacts, skills and knowledge together for common purpose.

We learn from our personal experiences and Thry'vors members learn from one another. More importantly, we have the ability to evolve social structures to help others learn who do not have thyroid cancer and who do not have the same level of understanding about our experiences. Before we can communicate the needs of thyroid cancer survivors to others, it is important to better understand these needs ourselves.

The Needs of Canadian Thyroid Cancer Survivors

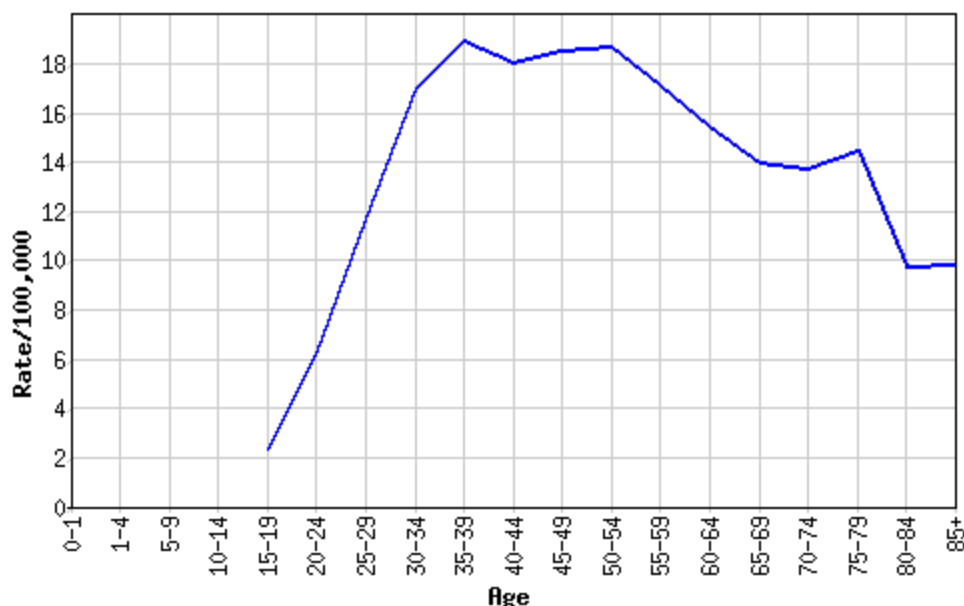
One of the benefits of having an on-line network of Thy'vors members, is that we can share information, experiences and opinions. In the spring of 2006 the Thy'vors listserv committee sent out evaluation surveys to get feedback on the listserv and identify the needs of our members for information, health care, resources. In the process of reviewing the survey results, we learned a lot about the concerns and issues that Canadian thyroid cancer survivors have.

Profile: Canadian Thyroid Cancer Survivors

Before I get into the findings of the listserv survey, I'll outline some background information about thyroid cancer in Canada.

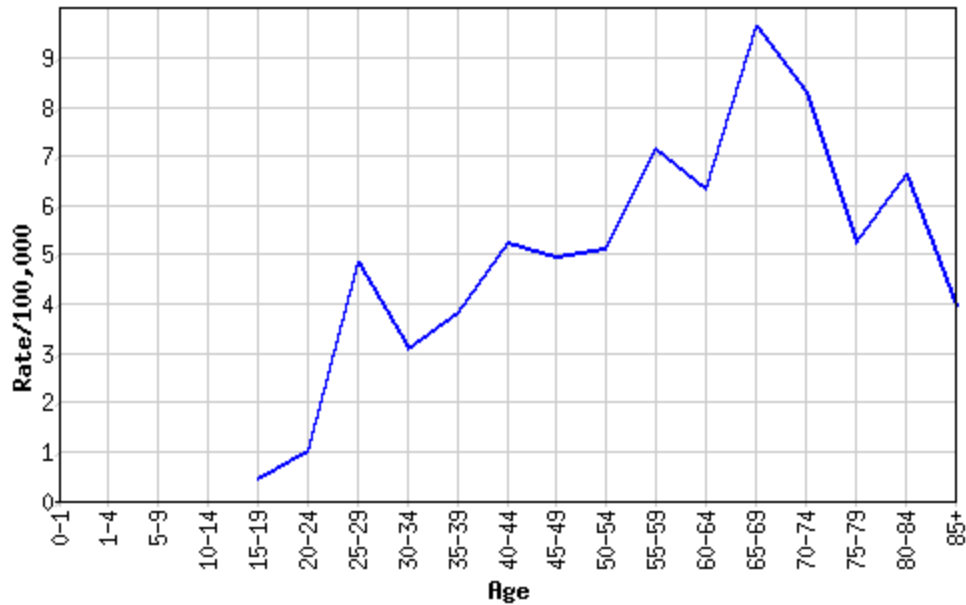
As I mentioned at the beginning of the presentation, thyroid cancer is rare – 2.2% of all cancers diagnosed in Canada. Thyroid cancer is much more common in women than in men. For example it is estimated in 2006 that **2600 women** will be diagnosed with thyroid cancer, and **750 men**. The thyroid cancer incidence per age group for women is shown below in **Figure 1** and for men in **Figure 2**. Thyroid cancer is much more common in young women, whereas thyroid cancer is more common in men in their 50's-70's.

Figure 1: Thyroid Cancer Incidence by FEMALE Age Group 2001, Canada
Age-Standardized Incidence Rate per 100,000 (Canada 1991)



Source: Public Health Agency Canada, 2003

Figure 2: Thyroid Cancer Incidence by MALE Age Group, 2001, Canada Age-Standardized Incidence Rate per 100,000 (Canada 1991)



Source: Public Health Agency Canada, 2003

Thyroid cancer is now the 6th most common cancer for women as **Figure 3** below describes.

Figure 3: Estimate of New Cases of Cancer in Canadian Women 2006

Cancer Type	Estimated New Cases in Canadian Women 2006
breast	22,200
lung	10,600
colorectal	9,100
body of the uterus	3,900
non-Hodgkin lymphoma	3,000
thyroid	2,600

Source: Statistics Canada, 2006, p.24.

Figure 4 shows the estimated number of new case of women with thyroid cancer, per province.

The Canadian Cancer Statistics 2006 do not show the number of men diagnosed with thyroid cancer per province because thyroid cancer does not even rank within the top 16 of the more common cancers in men.

Figure 4: Estimated New Cases of Thyroid Cancer for FEMALES, per Province in 2006

Province	NL	PEI	NS	NB	Que	Ont	Man	Sask	Alta	BC	YK, NWT, NU	Total
Number of Cases	30	5	45	60	510	1400	55	50	250	190	*	2,600

* less than 3 cases have been documented per region and are not reported in detail

Source: Statistics Canada, 2006, p.24.

Thyroid cancer has the distinction of consistently having the highest percentage annual incidence increase of any cancer in Canada since 1993. [Canadian Cancer Statistics 2006, p. 31]. The rising rates of thyroid cancer are being experienced in both men and women, and in many countries worldwide for the past decade. (World Cancer Report 2003, The International Agency for Research on Cancer).

There are five types of thyroid cancer: papillary, follicular and hürthle cell cancers (often referred to as well-differentiated variants), medullary and anaplastic (poorly differentiated variants). Papillary and follicular carcinoma make up about 85% of thyroid cancer with papillary types being most common (about 80%). Well-differentiated cancer may infrequently show more aggressive forms such as tall cell, insular, trabecular or columnar cell variations. Hürthle cell cancer can be more difficult to manage. Medullary cancer makes up approximately 5% of malignancies and may be familial or multinodular. Anaplastic cancer occurs in 5-10% of malignancies and represents a highly undifferentiated tumour that is very aggressive and difficult to treat.

When we are trying to understand the needs of thyroid cancer survivors in Canada it is important to keep in mind:

- thyroid cancer is *rare*, but increasing in incidence
- thyroid cancer is *very rare* in the smaller provinces in Canada and those with smaller populations
- thyroid cancer is much more common in women but it can be a more aggressive disease in men
- thyroid cancer is more common in young adults and older men, but can occur in any age
- thyroid cancer is a diverse disease, where the more common well-differentiated variants (85-80% of malignancies) can be more treatable and manageable than the poorly differentiated variants (approximately 20-15% of malignancies)
- there are different treatment approaches for the different variants; for example, poorly-differentiated variants do not respond to radioactive iodine as most well-differentiated variants do
- the post treatment monitoring protocol for well-differentiated variants (papillary, follicular and hürthle cell) is different than the monitoring protocols for poorly-differentiated variants such as medullary
- while doctors do agree on many aspects of thyroid cancer treatment and monitoring, there is not complete consensus on how thyroid cancer should be managed and each Canadian provincial cancer agency is developing their own guidelines for thyroid cancer treatment
- thyroid cancer patient care involves multiple medical specialties as: endocrinology, internal medicine, general surgeon, ENT, nuclear medicine, oncology-radiology, pathology
- a diagnosis of thyroid cancer requires life-long monitoring for both recurrence and thyroid hormone replacement.

For more information about thyroid cancer variants and recurrence rates, please see the 2005 Wally Patching Memorial Lecture titled: Thyroid Cancer Recurrence given by Dr. Irving B. Rosen posted on the Thry'vors website:

http://www.thryvors.org/pdf/Rosen_lecture_AGM_05.pdf

Needs of Canadian Thyroid Cancer Survivors: Thry'vors 2006 Survey Results

The spring 2006 survey was sent to 613 people who have participated on the Thry'vors listserv over the last 2 years. We received 77 replies. The question that received the most member comment was:

“What topics or issues would you like more information and discussion on?”

I'm going to highlight the main survey findings in these five broad categories of needs: (a) prior to diagnosis; (b) during treatment; (c) post-treatment and monitoring; (d) persistent or recurrent disease; (e) survivor life issues.

(a) prior to diagnosis

It can take time and multiple tests to diagnose thyroid cancer. Some members of Thry'vors are trying to learn about thyroid cancer, just-in-case their ongoing tests show that their thyroid nodules are malignant. Thry'vors is one of their 'first-stops' in learning about the thyroid, thyroid disease and cancer.

The information and resources requested from this group of Thry'vors members include:

- introduction to the thyroid, hormones and thyroid disease – in layman's terms
- introduction to thyroid nodules and the features that favour benign nodules or increase the suspicion of malignant nodule(s)
- descriptions of tests for nodules: thyroid scans, ultrasounds, fine needle aspiration biopsy (FNAB), how to prepare for tests and specifically what the different classifications of test results mean (eg for the FNAB – what are the meanings of nondiagnostic, benign, suspicious or malignant)
- explanation of what is meant by 'radiation exposure' and 'radiation risk', terms that are often listed on patient resources related to thyroid cancer but not described
- stories of how other patients were diagnosed with thyroid cancer or had their suspicious nodules confirmed as benign
- description of overall treatment options for benign nodules and thyroid cancer
- description of the familial variants of thyroid cancer and what the diagnosis of this kind of variant means for other family members

(b) during treatment

These are a sample of the more common needs identified by Thy'vors members going thru thyroid cancer treatment:

- description of the overall treatment process for the different types of thyroid cancer well-differentiated (papillary, follicular, hürthle cell), medullary, and anaplastic

[note: Thy'vors does not have to develop these new resources but may be able to link with other groups such as the Medullary Listserv of the US Thyroid Cancer Survivors Association [<http://www.groups.yahoo.com/group/medullary>] in order to help people find resources more easily]

- patient stories and experiences of how to tell children, family, friends and co-workers about the cancer diagnosis, and how to ask for and receive support
- patient stories and experiences about how they scheduled and managed work, family, school and similar responsibilities while going thru treatment
- descriptions of the potential complications of surgery and how they are managed
- how to understand thyroid cancer staging and your prognosis
- information about hypoparathyroidism after surgery and how it is managed
- understanding the benefits and risks of radioactive iodine treatment; who needs RAI; what can be done to minimize the side-effects;
- current research on Thyrogen for RAI treatment and how to access cost-coverage for Thyrogen
- how does damage occur to the salivary glands during radioactive iodine treatment and how can flare-ups be managed during and after treatment
- how to prepare for and manage being hypothyroid for radioactive iodine treatment
- how to follow a low iodine diet in Canada – with easy tips for menus and preparing meals while hypothyroid
- personal stories and helpful hints of how to manage external beam radiation treatments (EBR)

(c) post-treatment and monitoring

Overall, thyroid cancer has one of **the best** long-term survival rates of any cancer, though some rare variants can be more aggressive and difficult to manage. This means that many Thyroid Cancer Survivors members are long-term survivors who are interested in long-term health and life issues arising from their diagnosis and treatment, though new members going through more treatment are more active on the listserv.

- how do I find a doctor to manage my post-treatment care
- what do the current clinical practice guidelines and research recommend for post-treatment follow-up of patients diagnosed with well-differentiated thyroid cancer
- what do the current clinical practice guidelines and research recommend for post-treatment follow-up of patients diagnosed with medullary thyroid cancer
- what are tumour markers and how are they used in post-treatment monitoring
- how do I know that I am free of cancer?
- what is the role of Thyrogen in post-treatment monitoring and how to obtain cost-coverage for it
- how long does it take to feel better after being hypothyroid for RA? what can patients do to help their recovery
- what should patients watch for (tell their doctors about) regarding their recovery from hypothyroidism – especially the difference between recovery from hypothyroidism and possible depression
- what do thyroid hormone blood tests mean and how often do I need testing
- how do doctors and patients determine an appropriate TSH level after treatment
- what are the risks and benefits of TSH suppression
- what are the potential benefits and risks of the t3/t4 thyroid hormone combination
- am I at risk for any other health issues as a result of my thyroid cancer diagnosis
- how to take and store thyroid hormone pills

- how to work with multiple medical specialists, keep track of medical care and personal health record
- how to access to support while waiting for test results

(d) persistent or recurrent disease

While the most common variants of thyroid cancer have an excellent prognosis, some rare variants can be more aggressive and difficult to manage.

- what are the treatment protocols for persistent or recurrent disease
- what steps can be taken to identify malignancy when the tumour marker(s) are positive but scans are negative
- how safe is radioactive iodine; is there a life-time limit on the cumulative dose a person can receive
- how do patients and their doctors access the current information and research on treatment options for systemic treatments
- what are clinical trials, how do patients find out information on them and what should patients know before participating in them
- personal stories and experiences of Thry'vors members who have battled persistent or recurrent cancer and what they did to continue to live-well
- support resources and information from volunteers who themselves have gone thru treatments for persistent or recurrent thyroid cancer

(e) survivor life issues

The majority of Thry'vors members are long-term survivors of thyroid cancer and would like more information about living-well after a diagnosis of thyroid cancer.

- what to tell perspective employers (if anything) about your cancer status
- how to develop skills to manage self-employment or contract work while going thru treatment or testing
- how to manage school commitments while undergoing treatment or testing
- how to keep track of health-related expenses for income tax purposes
- how to find health insurance coverage

- how to plan and prepare for pregnancy
- how to manage/cope with both thyroid hormone replacement adjustment and menopause at the same time

To date, Thry'vors has been unable to develop resources in French or other languages due to a lack of resources. Approximately 20% of thyroid cancer survivors in Canada live in Quebec. In addition, thyroid cancer is more common in South Asian populations and there is a need for culturally appropriate patient resources for the many large, multi-cultural cities in Canada.

Now that I've described a bit more about the needs of Canadian thyroid cancer survivors, I'm going to get back to the issue of social learning and building Thry'vors organizational capacity.

Building Thry'vors Social Learning Capability

Without knowledge and learning Thry'vors wouldn't be able to do very much at all and we need our members and volunteers to help build our learning capability.

I'm going to borrow again from Etienne Wenger's 2000 article Communities of Practice and Social Learning Systems, to describe actions and roles that can help develop Thry'vors social learning capability – both *within* our community and with *outside* networks and individuals. As I describe these elements, I'll give some examples of the work being done by Thry'vors volunteers.

Helpful elements to build social learning **within** Thry'vors include: events, leadership, connectivity, membership, learning projects, creating artefacts, and developing shared processes and routines.

events - Events bring community members together and help our community develop an identity. In addition to the Thry'vors annual general meeting there have been public education forums in Toronto, Burlington and Ottawa. There have also been several local 'Con-neck-ion' meetings hosted by Thry'vors members.

leadership - Leadership is very important to Thry'vors learning capability. There are different forms of leadership: work co-ordinators, networkers, supporters, information organizers. As a young organization, Thry'vors faces the challenge of having much of its leadership concentrated in a few people. With more volunteers and experience, this leadership can be broadened and more widely distributed.

connectivity – Organizing events is not enough to build a community. There has to be an effort to build relationships (connectivity) between people. In the case of the Thry'vors listserv, this means connecting those who need information and support with those who can offer help. It also means building dialogue and working relationship between thyroid cancer survivors and doctors to better evolve patient information and health care.

membership – All communities need a critical mass of members to function. Thry'vors faces the added challenge of having members with different variants of thyroid cancer and members at a variety of stages of diagnosis. There is a need to evolve discussions, resources, services for people with different needs. As the listserv survey showed, there is also a need to develop resources both for those who are newly diagnosed, as well as long-term survivors.

learning projects - By working together on projects, Thry'vors gains more knowledge about the patient-healthcare environment and how we can contribute to that environment. For example, the Thry'vors booklet, [A Patient's Guide to Thyroid Cancer](#), creates a way for those newly diagnosed with papillary, follicular or hürthle cell cancers to learn from the experiences of those who have already been through treatment. Thry'vors continues to learn from the feedback shared by patients and doctors who are using this booklet.

creating artifacts – Community members learn by building and having access to artifacts such as documents, personal stories, websites, newsletters, e-bulletins and listserv archives. Thry'vors has an on-line index of personal stories and a growing website with patient resources. Developing these kinds of materials takes time and resources. Artifacts can also be used to connect Thry'vors knowledge and experiences with outside networks and individuals. For example, our patient booklet is being used to train medical professionals about thyroid cancer.

developing shared processes and routines – Having regular routines or processes, can help people co-ordinate their interactions. For example, our monthly The 'Ask Thry'vors' monthly bulletin, co-ordinated by Lynda, gives patients an opportunity to ask questions of our medical advisory panel. The replies are posted on the listserv or in our quarterly newsletter, Thry'vors News. Thry'vors participation in the new T4Life Magazine [www.t4life.com] enables multiple sources of experiences to come together.

To build social learning linkages with networks and individuals **outside** of Thry'vors we need volunteers to be brokers of information, knowledge and experiences. According to Etienne Wenger, this brokering requires boundary spanners, roamers, outposts, pairs and cybrarians.

boundary spanners – Boundary spanners serve as a link between two different communities, taking care of one specific boundary over-time. An example of a boundary spanner is Olivia Chow. By publicly sharing her experiences with thyroid cancer, Olivia has been a boundary spanner between Thry'vors and the Canadian-Chinese community, a community where thyroid cancer has a higher incidence. After Olivia's news release, Thry'vors on-line membership jumped by 15%, many of these new members are from the Canadian-Chinese community. Olivia also functions as a 'roamer'.

roamers – Roamers have the capacity to create multiple connections and serve as both 'importer' and 'exporter' of knowledge and learning for a community. Rita, our Thry'vors President, has served as 'roamer' by making connections with multiple outside interests including Genzyme Canada, GTA Hospitals, the Thyroid Foundation of Canada, the American Thyroid Association and many other organizations. She brings knowledge from outside groups to Thry'vors and shares Thry'vors knowledge with these groups.

outposts – Outposts bring back news from the forefront; exploring new and different territories. I've functioned as an outpost for Thry'vors. My rare variant of thyroid cancer required treatment from doctors who are also professors and researchers. By making these doctors/researchers aware of Thry'vors and involving them in the development of our patient resources, knowledge and information can be brokered.

pairs – It is very common for the brokering of information and knowledge to be done between two people from different communities who have a personal relationship. Their relationship acts as the brokering device. For example, when Lynda, our 'Ask Thry'vors' coordinator, was first diagnosed with thyroid cancer, there was no Canadian group and she joined the US Thyroid Cancer Survivors' Association (ThyCa). The relationships she developed as a member of the US group has helped Thry'vors and ThyCa exchange knowledge and learn from one another.

cybrarians – The term is a combination of 'cyber' and 'librarian'. Cybrarians use library and information skills to harness the Internet as a resource for specific audiences and specific purposes. Thry'vors webmaster, Beth, and listserv archivist, Bobbi, are cybrarians. Their work helps connect Thry'vors members within our organization and helps build artifacts that are available for use by people outside of our Thry'vors community.

These are just a few examples of the different volunteer roles and actions that help build Thry'vors learning capability.

What You Can Do To Help

As you think about what you can offer as a volunteer, think about sharing your knowledge and experiences with Thry'vors. Sharing an idea, or introducing some one to Thry'vors patient resources does not take a lot of time and energy, but it can make a big difference to Thry'vors learning capability. You can contact Thry'vors committee chairpersons by sending an email to ***thryvors@sympatico.ca***.

Think about which communities you belong to – in addition to Thry'vors - and what you could do to help bridge learning and knowledge between the communities you participate in.

Participate in Thry'vors and keep informed of what is happening within the organization.

Here are some ideas to build Thry'vors learning capability **within** our community:

- share your story by participating on the listserv or submitting your story for our mini-bio index that is at our listserv homepage
- submit questions to our medical panel with Ask Thry'vors
- participate in building Thry'vors leadership by becoming involved in events, projects or committees
- share your ideas for projects or new patient resources; if you're looking for some information and resources but can't find them, odds are that some one else is looking and wondering too
- share your ideas for future Thry'vors events and think of how you can contribute and participate in these events
- submit ideas for articles (or submit articles), poems, and content for the Thry'vors Newsletter

These are some specific ideas to build Thry'vors learning capability with individuals and networks **outside** of our community:

- take Thry'vors pamphlets and booklets to your doctor, to your local library, local drug store, or local health centre patient library; share the Thry'vors Newsletter e-bulletin with others
- talk about your experiences with Thry'vors and thyroid cancer with other communities that you belong to; bring the experiences and knowledge from these other communities and 'import' them to Thry'vors
- find out if your local community has an index of volunteer or support groups where information could be added about Thry'vors
- think about where you could be a boundary spanner, a roamer, an outpost, part of a 'pair' or a cybrarian on topics that you are interested in or you think other Thry'vors members may be interested in
- do you know of any other websites that could include a LINK with the Thry'vors website or do you receive any newsletters (or e-newsletters) that could include a story on Thry'vors
- if you know a second language, volunteer your time to help develop Thry'vors resources. Due to a lack of bilingual members, Thry'vors has not been able to develop resources in French

There are endless possibilities to become involved and contribute to Thry'vors.

Summary

Patient support groups and non-profit organizations do not keep track of the essential assets of knowledge and learning in their corporate balance sheet, but they should.

Organizations like Thry'vors cannot assume that people will automatically know how to share their experiences, knowledge and learning to help others, even if they want to. These sharing and social learning opportunities have to be planned, created, communicated and promoted.

Thyroid cancer is a rare cancer and Thry'vors members have a very important role to play in taking what we've learned as survivors and as members of Thry'vors to other communities. Building these social systems of learning can help evolve understanding, resources, services, and improved health care for all thyroid cancer survivors, and those who will be diagnosed in the future.

This is the end of the 2006 Wally Patching Memorial Lecture. I hope you have a new view of the range of valuable experiences and knowledge you've gained from being a thyroid cancer survivor; experiences and knowledge that others can benefit from – if you share them.

What are you going to do to help build Thry'vors ?
