I like Dr. Oz’s TV show and think he’s a great communicator when it comes to putting complex medical issues into laymen’s terms. Yet the spark he created on two recent episodes about the need and usage of thyroid shields is creating a lot of confusion and fear in patients undergoing imaging studies, from mammograms to bite-wing dental X-rays. In summary, he said that thyroid cancer is the fastest growing cancer in women and he cited the harmful effects of dental X-rays and mammograms as one of the culprits.

In reality, it does not take much to scare people when you use words like “cancer risk.” People take notice and in today’s instant communications technology platforms, messages spread like hot butter. I can’t begin to count the number of people who have asked me about thyroid cancer risk and radiation since those programs aired. If his goal was to scare people, he hit a bull’s-eye. Many radiologists or technicians simply don’t have the time to talk to the patient and provide compassionate understanding of their fears. Many technicians were really upset with the Dr. Oz segment because they felt like they now have to “defend” their medical knowledge to a patient.

The use of thyroid shields in imaging studies has been a growing topic among my colleagues in radiation for many years. I personally think that in many instances, thyroid shields should be—and are—used to great effect. They are useful in protecting the thyroid, particularly with high-risk patients who have been treated for other cancers in the body.

Compromising study integrity
But in specific imaging studies like mammography, thyroid shields could compromise the integrity of the study. We need to see the top part of the breast tissue and often thyroid shields eclipse a part of the image. I would not prepare a report based on a compromised image. How can we in good faith provide an “unremarkable” image study if we did not have all of the information to make a scientific decision, one that could hold a life-and-death consequence? I don’t, and none of us should.

Internal radiation scatter will occur during a mammogram. Numerous studies have found no correlation between increased use of mammogram and thyroid cancer. Dr. Oz’s assertion about a thyroid cancer-mammogram link notwithstanding, medical studies and the commentary that typically follows them has confused many women about mammograms. Don’t get a mammogram unless you are very high-risk, said one group last year, starting a firestorm of debate. While I think debate is the cornerstone of good medical science, we rarely think about the downstream impact on our patients. If you sit next to a woman on a plane and you tell her you are a radiologist, nine times out of 10 she will ask about mammograms. We have confused our patients to the point of exhaustion, which explains why so many women simply don’t get mammograms and many needlessly die because their cancer was not detected early.

I hope common sense will prevail in this debate about thyroid shields. I for one think we can use this debate to further educate our patients about how X-rays work and why or why not we recommend a thyroid shield. There will be more news stories about the use of thyroid shields and the risk of X-rays in thyroid cancer. Here’s our opportunity to get in front of the issue instead of reacting to a popular TV doctor’s theory.

Anand Lalaji, MD, is a board-certified, fellowship-trained radiologist who serves as president and CEO of The Radiology Group in Atlanta.

I can’t begin to count the number of people who have asked me about thyroid cancer risk and radiation since those programs aired.