Understanding the Ozempic Thyroid Cancer Warning and What It Means for Patients

FDA boxed warning on GLP-1 medications apply to form of thyroid cancer for 3% to 4% of cases; Large international studies find no increased risk of common forms

TAMPA, FL, UNITED STATES, September 23, 2026 /EINPresswire.com/ -- Millions of Americans now take GLP-1 receptor agonist medications such as semaglutide and tirzepatide, and many have encountered the thyroid cancer warning on the label and wondered whether the drug is putting them at risk. During Thyroid Cancer Awareness Month, thyroid surgeons at the Clayman Thyroid Center in Tampa, Florida are addressing one of the most common questions they now hear from patients: the FDA warning is real, but it is far narrower than most people believe.

The boxed warning on GLP-1 receptor agonists concerns medullary thyroid carcinoma, or MTC, and multiple endocrine neoplasia type 2 (MEN2), an inherited syndrome that predisposes to it. Medullary thyroid cancer arises from parafollicular C cells and accounts for approximately 3% to 4% of thyroid cancers in the United States.

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The Clayman Thyroid Center is part of the Norman Clayman Endocrine Institute at the Hospital for Endocrine Surgery in Tampa, Florida. It is the nation's highest-volume thyroid surgery center, performing over 2,500 thyroid operations each year.



The Hospital for Endocrine Surgery, located in Tampa, Florida, is the world's first hospital dedicated exclusively to the surgical treatment of endocrine diseases, including thyroid, parathyroid, and adrenal conditions.

It is not the kind of thyroid cancer most people have. Between 95% and 97% of thyroid cancers are differentiated cancers — papillary, follicular, and oncocytic (Hürthle cell) — which arise from

entirely different cells. The warning does not apply to them.

"The warning is specific. The fear usually is not," said Gary Clayman, DMD, MD, FACS, founder and surgeon-in-chief of the Clayman Thyroid Center. "Patients come to us convinced that a weight-loss medication caused their papillary thyroid cancer, or that a thyroid nodule means they have to stop a drug that is working well for them. Neither of those follows from what the label actually says or from what the human evidence shows."



September is Thyroid Cancer Awareness Month. Learn more at www.knowyourneck.com

Where the Warning Came From

The boxed warning originates in rodent toxicology studies, in which mice and rats given GLP-1 receptor agonists developed C-cell tumors. Under FDA convention, findings of that kind trigger a class warning.

The biology does not transfer cleanly to humans. Human thyroid C cells express substantially lower levels of GLP-1 receptors than rodent C cells, and the downstream cellular signaling differs. That species difference has been recognized since the warning was issued and is the reason the question required human data to settle.

What the Human Studies Show

Several large population studies have now examined thyroid cancer risk in people taking these medications.

A Scandinavian cohort study published in The BMJ in 2024 followed 145,410 patients treated with GLP-1 receptor agonists in Denmark, Norway, and Sweden, compared with 291,667 patients taking DPP-4 inhibitors, over a mean of 3.9 years. It found a hazard ratio for thyroid cancer of 0.93 (95% CI 0.66–1.31) — no increased risk, with the confidence interval spanning 1.

An international multisite cohort study published in Thyroid in 2025 examined 98,147 GLP-1 receptor agonist users across Canada, Denmark, Norway, South Korea, Sweden, and Taiwan, and reported a hazard ratio of 0.81 (95% CI 0.59–1.12). Again, no increased risk.

The findings are not unanimous. A widely cited French nested case-control analysis published in Diabetes Care in 2023 reported an increased risk, with a hazard ratio of 1.58 (95% CI 1.27–1.95) for one to three years of cumulative use. Subsequent commentary and the larger cohort studies that followed have attributed much of that signal to detection bias — patients starting these

medications undergo more medical contact and more imaging, which finds thyroid nodules and small cancers that were already present and would otherwise have gone undetected.

Both large cohort studies note an important limitation: follow-up to date is measured in a few years, and neither can rule out a risk that would emerge only over a longer horizon. The Clayman Thyroid Center's position reflects the evidence as it currently stands, not a claim that the question is permanently closed.

"What the good studies keep finding is that these drugs are not causing the common thyroid cancers," said Dr. Clayman. "What they are doing is bringing a lot of people into the medical system who were not being examined before, and some of those people turn out to have a thyroid nodule they have had for years. Finding something is not the same as causing it."

Who Should Not Take These Medications

The contraindication is genuine and should be taken seriously. GLP-1 receptor agonists are contraindicated for people with a personal or family history of medullary thyroid carcinoma, and for people with multiple endocrine neoplasia type 2.

For patients with a history of papillary, follicular, or Hürthle cell thyroid cancer, there is no contraindication. For patients with common thyroid nodules, there is no contraindication. Beyond standard evaluation of a thyroid nodule, routine additional thyroid imaging or calcitonin testing is not indicated simply because a patient is taking one of these drugs.

Patients should not stop a prescribed medication based on a news article. Anyone with questions about their own risk, particularly those with a family history of thyroid cancer, should raise it with the physician who prescribed it.

During Thyroid Cancer Awareness Month

An estimated 45,240 Americans will be diagnosed with thyroid cancer in 2026. Thyroid cancer typically presents as a nodule or lump in the neck and often causes no other symptoms, and routine thyroid blood tests are usually normal even when cancer is present.

The Clayman Thyroid Center encourages people to "Know Your Neck" and to discuss any new lump, neck swelling, persistent neck change, difficulty swallowing, or unexplained hoarseness with a qualified healthcare professional. Visit www.knowyourneck.com for more information and a video demonstration.

The Clayman Thyroid Center's full evidence review, GLP-1 Medications and Thyroid Cancer Risk, is available at www.thyroidcancer.com.

About the Clayman Thyroid Center

Founded by Dr. Gary Clayman, a nationally recognized leader in thyroid surgery and former Chief of Endocrine Surgery at MD Anderson Cancer Center, the Clayman Thyroid Center is one of the highest-volume thyroid surgery centers in the world. Located within the Hospital for Endocrine Surgery in Tampa, Florida, the Center is a global destination for patients seeking expert care for thyroid disease and thyroid cancer, performing more thyroid surgeries than any other hospital in the United States. To learn more, visit www.thyroidcancer.com or call (813) 940-3130. Become a patient by visiting https://www.thyroidcancer.com/surgery.

About Hospital for Endocrine Surgery

The Hospital for Endocrine Surgery is a campus of HCA Florida South Tampa Hospital focused on compassionate patient care and highly specialized treatment of endocrine tumors. We provide a wide array of services necessary for the diagnosis and surgical treatment of tumors of the thyroid, parathyroid and adrenal glands. Our team includes doctors, surgeons, nurses and technicians who have dedicated their careers to delivering the highest cure rates using the most advanced techniques available. HCA's Hospital for Endocrine Surgery is the nation's highest volume hospital for thyroid, parathyroid, and adrenal tumors and cancers. To learn more visit www.hospitalforendocrinesurgery.com.

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