Johnson & Johnson INSTITUTE

Current Strategies for Thyroid Cancer and Hyperparathyroidism

Het Oude Magazijn |Amersfoort

2 November 2017 | 12h30 – 19h30

Introduction

Differentiated Thyroid Cancer (DTC) is the most common endocrine cancer and occurs in 5% of thyroid nodules. For reasons not fully explained its incidence is increasing although its prognosis is excellent, with a long-term disease-free survival of about 90% at 20 years. Papillary Thyroid Carcinoma (PTC) is the most frequent cancer affecting the thyroid gland, it spreads through the lymphatic system and it can be detected in regional lymph nodes in up to 80-90%. Neck Ultrasound study has been shown to be a useful tool to preoperatively stage Thyroid Cancer, as well as to diagnose and monitor recurrences. Total Thyroidectomy is the best approach to Thyroid Cancer; Central Neck Dissection (CND) and Modified Radical Neck Dissection (MRND) should be done in all cases in which lymph node involvement is evident or highly suspicious. Post-operative haemorrhage requiring surgical intervention following thyroidectomy is a dramatic complication and is typically thought to occur within the first 24hrs following surgery. Since the widespread introduction of sutureless thyroidectomy techniques the incidence of this complecation is reduced significantly. However, in the modern era the incidence of delayed haemorrhage has increased. Primary hyperparathyroidism (HPT) is mostly caused by a single adenoma. In 6 – 33% multiglandular disease is present. Although preoperative imaging has no utility in confirming of excluding diagnosis, it is of crucial importance to improve success of (minimal invasive) parathyroidectomy (PTx). Secondary HPT is caused by end-stage renal disease (ESRD) and leads to four-gland hyperplasia, disturbed calcium-phophate homeostasis, increased (cardiovascular) mortality and a decreased quality of life. Since the introduction of the calcimimetic agent cinacalcet in 2004, a shift from surgery towards predominantly medical treatment has occurred without strong evidence. Both treatments have never been compared head-to-head.

Preliminary Program Topics

12h30 Registration with light lunch
13h00 Welcome; Prof. Menno Vriens

13h10 Molecular markers in thyroid cancer and the implementation of the new ATA guidelines; Martha Zeiger MD
13h55 Impact of the new ATA guidelines to common practice in the Netherlands; Dr. Martijn Lutke Holzik, ZGT
14h25 Centralisation of endocrine care in France; Dr. Laurent Brunaud, CHU Nancy

15h15 Coffee break

15h35 Delayed hemorrhage with sealing devices in thyroid surgery; Dr. Anton F. Engelsman, UVA/AMC
16h05 Multidisciplinary cooperation in the Netherlands, the Dutch Hyperparathyroid Study Group; tbd
16h35 Imaging in hyperparathyroidism; Dr. Wouter Kluijfhout, UMCU
17h05 Image guided parathyroid surgery; Prof. dr. Go van Dam, UMCG
17h55 The Rhino trial; cinacalcet versus parathyroid surgery: what should be done: Willemijn van der Plas, UMCG

18h25 Closing remarks; followed by a light dinner
19h30 Adjourn

Date

2 November 2017
Start: 12h30
End: 19h30

Location

Het Oude Magazijn
Terrein "De Wagenwerkplaats"
Soesterweg 310 F
3812 BH Amersfoort

Language

English

Keynote speaker

Martha Zeiger, Professor of Surgery, Oncology, Cellular and Molecular Medicine at The Johns Hopkins University School of Medicine. President American Association of Endocrine Surgery, USA

Faculty

Prof. dr. Menno Vriens, UMC Utrecht
Dr. Casper Smit, RDGG Delft
Dr. Schelto Kruijff, UMC Groningen

Target group

Endocrine surgeons, Endocrinologists
Residents in 5th or 6th year
... with interest in Thyroid Cancer, Diagnostics and Treatment

Course Registration

Please reply to expertmeeting@its.jnj.com stating your name, 'bignummer', hospital, city and endocrine surgeon / endocrinologist / resident in which year.

Seats are limited: 'first come, first serve'.
Accreditation is applied for.

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