Johnson & Johnson INSTITUTE

Agenda | 2 November 2017

Current Strategies for Thyroid Cancer and Hyperparathyroidism

Het Oude Magazijn | Amersfoort | 12h30 – 19h30

ETHICON

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Welcome

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.

Faculty

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

Keynote speaker

Prof. dr. Martha A. Zeiger

Professor of Surgery, Oncology, cellular and Molecular Medicine.
Chair, Department of Surgery
University of Virginia.
President American Association of Endocrine Surgery, USA

Prof. dr. Jean-Louis Kraimps
CHU Poitiers, France

Location

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

Language

English

Course Registration

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

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

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		2 November 2017
12h30	Registration with light lunch	All
13h00	Welcome	Prof. dr. Menno Vriens UMCU
13h10	Molecular markers in thyroid cancer and the implementation of the new ATA guidelines	Prof. dr. Martha A. Zeiger University of Virginia USA
13h55	Impact of the new ATA guidelines to common practice in the Netherlands	Dr. Martijn Lutke Holzik ZGT
14h25	Organization of endocrine practice in France	Prof. dr. Jean-Louis Kraimps, CHU Poitiers
15h05	Coffee break	All
15h30	Delayed hemorrhage with sealing devices in thyroid surgery	Dr. Els Nieveen van Dijkum, AMC
16h00	Multidisciplinary cooperation in the Netherlands, the Dutch Hyperparathyroid Study Group	Dr. Schelto Kruijff UMCG
16h30	Imaging in hyperparathyroidism	Dr. Wouter Kluijfhout UMCU
17h00	Image guided parathyroid surgery	Prof. dr. Go van Dam UMCG
17h50	The Rhino trial; cinacalcet versus parathyroid surgery: what should be done	Willemijn van der Plas UMCG
18h20	Closing remarks; followed by a light dinner	All
19h30	Adjourn	All