Johnson Johnson Institute



February 11th-13th, 2019

37 Workshop on Locally Advanced Thyroid Cancer

Venue:

Hospital Universitari de Bellvitge (HUB) Hospitalet de Llobregat Barcelona Spain +34 932 60 75 00

ETHICON

Welcome

Dear participant,

Welcome to the Advanced Thyroid Workshop, designed to help you deepen your knowledge and skills through interaction with our faculty expert team during the "live" surgery sessions.

The main objective of this course is to review the surgical anatomy of the neck with special emphasis on the "hot points" of neck dissection. The faculty will demonstrate standard surgical approach consisting of Total Thyroidectomy (TT), central neck dissection (CND) and Modified radical neck dissection (MRND) on at least 2 cases of locally advanced PTC.

I wish you a pleasant stay and very instructive course!

Yours sincerely,

Maja Pavlek

Professional Education Manager Ethicon, EMEA M. +41793504961 mpavlek@its.jnj.com

Organizers

Endocrine Surgery Unit and Johnson & Johnson Medical

Dr. P. Moreno, Chief of the Endocrine Surgery Unit (Course Director). Dr. JM. Francos (Consultant). Dr A. García Barrasa (Consultant).

Maia Pavlek

Professional Education Manager Ethicon, EMEA M. +41793504961

Hospital team

Dr. J Puig (Endocrinology) Dra. Natalia Romero (Radiology) Dr. Baixeras (Cytology)

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Locally Advanced Thyroid Cancer:

Differentiated Thyroid Cancer (DCT) 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; CND and

MRND should be done in all cases in which lymph node involvement is evident or highly suspicious.

Although controversial, prophylactic neck dissection is also suggested. The systematic use of ultrasound and new technologies (Harmonic scalpel, intraoperative PTH assay, RLN intraoperative monitoring, etc.) allow us to perform Thyroidectomy and Neck dissection in a safe way with a low morbidity rate.

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Day 1 Fo		eb 11 [™] , 2019	
16:00	Welcome	Dr. P. Moreno	
16:15	Surgical Anatomy of the neck. Rationale for CND and MRND.	Dr. P. Moreno	
17:00	Cytological patterns in Thyroid Cancer. The Bethesda Classification System.	Dr. N. Baixeras	
17:30	Preoperative Ultrasound Staging in DTC.	Dr. N. Romero	
18:00	Case 1: Presentation.	Dr. P. Moreno	
18:15	Live Ultrasound Staging of Case 1	Dra. N. Romero	
18:30	"How to perform a safe thyroidectomy. Tips & Tricks"	Dr. P. Moreno	
19:00	Intraoperative PTH assay/Role of Indocyanine Green in Endocrine Surgery. Postoperative managing Criteria.	e Dr. P. Moreno	
19:30	Closure of Day 1		

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Day 2		Feb 12 th , 2019
08:30	Case 1: PTC and lateral lymph nodes Surgical Session 1: TT + bilateral CND + unilateral MRND	All
15:30	Lunch	All
16:15	Discussion of Case 1. Video session.	Dr. P. Moreno
17:00	"DTC: New trends in management according to ATA 2015".	Dr. J.Puig
17:45	Case 2: Presentation	Dr. P. Moreno
18:00	Hot topic. "Lobectomy vs. Total thyroidectomy in low-risk DTC patients"	Dr. P. Moreno
19:00	Discussion	Dr. P. Moreno
19:15	Closure of Day 2	

Day 3		Feb 13 th , 2019
08:00	Case 1: Clinical Round	All
08:30	Case 2: PTC and lateral lymph nodes Surgical Session 2: TT + bilateral CND + unilateral MND	All
15:30	Lunch	All
16:00	Closing Remarks	Dr. P. Moreno