WHAT TO EXPECT DURING A Telemedicine Visit

ALSO IN THIS ISSUE:

COVID-19 and Diabetes: What patients need to know to stay safe and well

Transgender medicine: Basic concepts for patients

Scar-less Neck Surgery: Leaving no sign of thyroid, parathyroid, or neck lymph node surgery
When children with type 1 diabetes experience the everyday fun and freedom of camp with others just like them, something incredible happens. Diabetes isn’t the focus of their day. Lilly Diabetes believes every child should have the opportunity to go to camp, and that’s why we’ve provided insulin and a variety of carefully designed resources to diabetes summer camps for more than 10 years. We help camps care for your child’s unique, personal needs so your child can focus on what’s most important — having a summer to remember.

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Greetings from the Editors

COVID-19 and Diabetes: What patients need to know to stay safe and well
Diabetes management can be challenging and overwhelming and these pandemic times add an extra, unexpected burden.

What to Expect During a Telemedicine Visit
Learn how to best prepare for your telemedicine appointment to optimize your care.

Transgender Medicine: Basic Concepts
Understand what it means to be transgender and how to support this growing population.

Prescription Weight-Loss Drugs: When, Who, How?
A healthy change to your diet and exercise regimen can make a world of difference for your weight, but a lot of times these changes are not possible without some additional help. Explore your options in this article.

Scar-less Neck Surgery: Leaving no sign of thyroid, parathyroid, or neck lymph node surgery
Read all about this new procedure, its risks and benefits, and if you could be a candidate.

How Novel Cancer Therapies Affect Your Endocrine System
Learn about checkpoint inhibitors, a form of cancer immunotherapy.

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Greetings from the Editors

Dear Reader,

We hope that you and your family members are staying healthy and safe during these unprecedented and uncertain times in light of the COVID-19 pandemic. Thank you for picking up EmPower Magazine — the voice of the American Association of Clinical Endocrinologists and the American College of Endocrinology to you. EmPower is dedicated to promoting the art and science of clinical endocrinology to improve patient care and public health. We want to empower you to take charge of your health and provide you with resources to live healthy and fulfilling lives.

The articles in EmPower Magazine are written by a diverse group of experts in the field of endocrinology and related sciences, with a focus on timely topics. Through this magazine, we will help you stay up to date and informed on matters important to you.

We are excited for this issue of EmPower Magazine, which features a variety of topics relevant to endocrine health. In this issue we discuss tips for diabetic patients in the setting of COVID-19 and provide information on what to expect during a telemedicine visit. Additionally, we review some basic concepts regarding transgender medicine, prescription weight loss medications and the effect of some novel cancer therapies on the endocrine system. Finally, we discuss the option of transoral thyroid or parathyroid surgery, including advantages and disadvantages for patients.

We sincerely hope that as you read this issue, you will feel empowered to live a healthier lifestyle. As always, we welcome your feedback.

Be safe. Be healthy. EmPower!

Sincerely,

Editor-In-Chief

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COVID-19 and Diabetes: What patients need to know to stay safe and well

By Abhishek Kansara, MD, FACE

We all are going through uncertain times as the world battles the COVID-19 pandemic. It is during these times that we do the best to protect our health and that of our families. People with chronic medical conditions such as diabetes are at higher risk of complications with COVID-19. Diabetes management can be challenging and overwhelming and these pandemic times add an extra, unexpected burden.

However, we can take precautions that prevent infection and maintain good health. Here are a few suggestions that you as an individual with diabetes, or your family member taking care of you, can consider to ensure you stay healthy.

**Medications**

- Check all of your medications for adequate supplies. Call your doctor's office/pharmacy to ensure you have refills, especially insulin
- Do not stop any of your medications without checking with your doctor’s office

**Diabetic supplies**

- Check your supplies of blood glucose meter, strips and lancets and syringes and/or needles if using insulin
- While interruptions in supply chain are not anticipated, consider keeping a 2-4 weeks supply of medications and supplies on hand at all times
- Do not forget glucose tablets and/or glucagon to help treat hypoglycemia/low blood glucose

**Insulin pumps/sensors**

- If you use an insulin pump, ensure you have enough insertion kits and sensors
- Ensure you have back-up insulin available to be used as injections in case of pump malfunction

*(Continued on page 4)*
Communicating with your provider’s office

- Many healthcare providers are providing care through telemedicine. Check with your provider’s office to see what options they offer for ongoing care and communication
- Monitor glucose readings regularly as recommended by your doctor and notify them of any changes

Pharmacy

- Make sure that your pharmacy has your correct information on file including your updated medications and allergies
- Consider home delivery of medications and supplies if possible

Grocery

- Consider home delivery of your groceries or curbside pick-up from your local grocer if possible

Personal hygiene

To protect yourself, follow the recommendations from Centers for Disease Control and Prevention (CDC) as summarized below:

- Frequent hand-washing or using alcohol-based sanitizers. Avoid touching your face
- Avoid close contact with people who are sick and those outside of your home
- Cover your mouth and nose with a cloth face covering when around others
- Cover coughs and sneezes
- Clean and disinfect frequently touched surfaces daily

Physical well-being

- Ensure daily physical activity indoors or outdoors, while following social distancing guidelines
- Many exercise programs are available online that you can access over the smartphone, computer, or television

Don’t forget your mental well-being

The current environment may cause or worsen mental health issues, especially diabetes distress, exacerbating feelings of depression and helplessness. Exercises like yoga and meditation can help manage stress. Many programs are available online, often at a reduced or no cost. Self-care is very important; if you notice worsening anxiety or depression or severe distress, contact your healthcare provider for guidance. Reach out for help if you think it’s needed.

While we all should follow physical distancing whenever possible, it is important to realize that we need not completely isolate ourselves from loved ones. Reach out to your family and friends through phone, video chat and group calls that can connect you while keeping everyone safe.
Telemedicine is commonly defined as the delivery of medical care from a distant location. Live long-distance communication began with the invention of the telephone in the late 1800s and since then rapid advances in digital technology have made audio and video communication an integral part of our daily lives. This technology is now being used to provide remote access to medical care, including specialty visits with an endocrinologist.

Accessing telemedicine. Traditional telemedicine provides real-time audio/visual interaction with a remote medical provider via a secure online portal and video application at a medical site in your local community. This site may be located in a community hospital, a local clinic, or a physician’s office. Medical staff will facilitate your scheduled visit, including measuring your own vitals, reviewing medications, and managing all of the technology required for your remote visit. You will be able to see your provider on a computer screen and they will be able to see you through use of a webcam. The video images are transmitted securely in real time and are not recorded. You will also be able to discuss freely with each other as you would in a face-to-face visit.

Preparing for your visit. To get the most out of your visit be prepared. Write down any questions you may have so you do not forget them once you are on camera speaking with your provider. Have a list of your medications and any recent test results at hand, as they may not be available to the remote provider. If you have diabetes, have your glucometer with you. Check with the site in advance to see if they are using a web-based platform such as Tidepool or Glooko that will enable you to upload and share data from your glucose meter, continuous glucose monitor (CGM) or insulin pump in advance of your visit. If not, your device can often be downloaded on site with data then scanned to your provider, or you can call in or send data securely via a patient portal.

In order to prepare for a limited remote physical exam, wear loose fitting clothing. Digital equipment may vary by site but usually includes a high definition portable webcam to visualize specific body sites of interest or concern. For example, if you have diabetes be prepared to remove your shoes and socks for a visual examination of your feet.

What to Expect During a Telemedicine Visit

By Wanda Ryan, MD, FACE

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What to Expect During a Telemedicine Visit
(Continued from page 5)

requested, pictures of a rash or wound can be taken and stored in your medical record. A digital stethoscope may be used to listen remotely to your heart and lungs.

Lab work and imaging studies can be ordered to be done locally. Referrals can be provided for diabetes education, eye exams, podiatry visits, or other consultation if needed. Medication prescriptions can be sent electronically to your local pharmacy.

Billing. Many insurance plans including Medicare and Medicaid are now providing some coverage for telemedicine visits. It is best to check with your insurance carrier regarding any restrictions that may apply and to clarify your specific benefits, noting reimbursement may also vary by state. During the recent Covid-19 pandemic many patients and physicians relied on the use of at home tele-visits using smartphones, tablets or computers to provide virtual care. Insurers temporarily expanded coverage and waived many of the restrictions governing traditional telemedicine services during this pandemic but it remains to be seen what future rules governing these services will be.

While face-to-face visits are needed for conditions requiring hands-on examination or a medical procedure, advanced technology enables many visits to be done using telemedicine, providing evaluation, diagnosis and treatment in your local community. Telemedicine can now bring the doctor to you, improving your access to specialty care while saving time and travel costs.

Telemedicine Preparation Tips

A virtual or telemedicine visit with your doctor can be as beneficial as an in-office appointment. Here are some tips to optimize your conditions, technology, and surroundings for a productive virtual visit.

Your Condition
• As with an in-office visit, be prepared to answer questions about your personal medical history, family history, home environment, lifestyle, and social history.
• Make a list of your current symptoms, when they started, their severity, and anything that makes them better or worse.
• Create a detailed medication list including the names of the medications you are taking, how they are taken, the dose and how often or what time of day they are taken.
• Have your relevant personal health data such as temperature, blood pressure, pulse, blood glucose levels, etc. available (or already transmitted to the doctor’s office if possible).
• If you use diabetes technology such as a continuous glucose monitor and/or insulin pump, upload your data to your physician’s portal or secure website well in advance of your visit, to allow for review. If this is not possible, have all settings and information available at the time of the virtual visit.
• Use your phone to take a picture of anything pertinent such as a cut or rash. Email that picture before the visit begins.
• Are others in your home sick? If so, with what symptoms and for how long?
• If you have been tested for COVID-19, have your results at hand.

Your Technology
• Determine what device you are using (phone, tablet, laptop, or desktop computer) and that it is in good working order, is fully charged or plugged in, and that you have a reliable connection whether Wi-Fi (preferred), cellular, or direct phone line.
• If this is to be a virtual and visually supported visit, be sure your device has a camera and microphone in good condition.
• Know how you are going to connect: Call a phone number? Click on a link? Sign into an online portal through a website or app?
• Be able to provide another source (phone, etc.) in case the virtual visit gets disconnected or an emergency occurs.

Your Surroundings
• Make sure you have a comfortable, quiet, private place to sit for the visit and that your camera can give a clear view of you. Be sure you are not too far from your device, though. It may make it more difficult for your healthcare professional to hear you.
• Have sufficient light in the area where you are seated. Do not sit with a window behind you as backlight will adversely affect how clear you look on camera. It is best to have a blank wall behind you with a light source in front of you.
• Make sure everyone in your home knows to be quiet and not interrupt your visit.
• Have a pad and pen/pencil ready to take notes during your visit. You should write down any questions you have ahead of time and have them ready.
• Silence all of your other devices (phone, etc.) so that it doesn’t disturb you during the visit.
Gender identity is the internal, deeply held sense of gender. It may or may not be congruent with gender designated at birth. Gender incongruence is when there is a mismatch between the gender identity and gender assigned at birth. Sometimes, those who experience gender incongruence also have distress and unease regarding this mismatch. The latter is defined as gender dysphoria.

It is essential to note that not all the persons who experience gender incongruence will also have dysphoria, nor seek treatment. The person who has gender incongruence is called transgender. Those who do not identify themselves with either binary gender or identify with both are non-binary/have queer gender identity. The ones who do not have a mismatch between gender identity and gender assigned at birth are called cisgender.

Gender incongruence reflects gender diversity and is not considered a mental health disorder. The World Health Organization voted to move the term gender incongruence from its mental disorders chapter to its sexual health chapter in the 11th revision of its International Statistical Classification of Diseases and Related Health Problems (ICD-11) in 2019. This move is expected to improve social acceptance for transgender people and enhance their access to important health resources.

**Importance**

Transgender people represent a growing segment of the United States and world population. It is estimated that 1 in 250 adults identify as transgender in the United States (around 1 million Americans). Therefore, it is crucial to support an environment that is inclusive and diverse. The transgender population are typically cared for by a multidisciplinary team that may include primary care physicians, mental health professionals, social workers, speech pathologists, endocrinologists, surgical teams, peer support, among others. It is paramount that those professionals who are involved in the care of these persons are well trained and experienced. It requires an individualized approach and understanding of both the physiological and psychosocial aspects.

**Strategies**

People should be asked what pronouns they are comfortable being called and what name they should be addressed with, independently of their biological sex. Transgender and cisgender populations deserve a non-judgmental health care system where they can discuss their needs without retaliation or fear. Changing the culture of assumption to a patient-centered environment can help transgender people to feel accepted by others, and respected as well. This includes guiding them to identify their goals for the process, including social support, therapies, access to hormonal treatment and follow-up.

Transgender populations have unique healthcare needs across their entire lifespan. As a society, we should be supportive in understanding every individual situation and contribute to a better world.

For additional information, please visit the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People at [www.wpath.org](http://www.wpath.org).
When we talk about medically supervised weight loss, there are several factors to consider. A healthy change to your diet and exercise regimen can make a world of difference for your weight, but a lot of times these changes are not possible without some additional help. Let’s discuss one option in particular: Prescription weight loss medications. For this option, it’s necessary to explore three things Who, When and How?

First, the Who, as in who should consider weight loss medications. Health care providers use your body mass index (BMI), which is a measure of your weight relative to your height, to define overweight and obesity. Adults with a BMI between 25 and 30 are considered overweight and those with a BMI of 30 or greater are considered obese. The Food and Drug Administration has approved the use of prescription weight loss medications in all patients with a body mass index (BMI) over 30 or any patient with a BMI of 27 who also has other chronic conditions such as diabetes, high blood pressure or high cholesterol. If lifestyle changes such as healthy eating and regular physical activity are not enough to help you lose weight and maintain your weight loss, your doctor may prescribe weight loss medications. The first step in deciding if a weight loss medication is right for you is to review your bloodwork and medical history with a certified healthcare provider. In addition, your doctor will have to consider the likely benefits of weight loss, possible side effects, other medications you take, your family history and cost. If you are pregnant or are planning a pregnancy, avoid taking weight-loss medications. Remember that even though medications can help you achieve success with weight loss, they can also be harmful and lead to serious side effects, so checking with a specialist first is KEY!

Now, to the When: Diet and exercise are the foundation of any successful weight loss program, but it is not always easy to make changes. If you are finding that no diet or exercise plans are working for you, adding on a weight loss medication might allow you to achieve a better hormonal balance between the stomach and the brain to help change the way your body and mind respond to food. However, it is important to understand

<table>
<thead>
<tr>
<th>Weight-loss medication</th>
<th>Approved for</th>
<th>How it works</th>
<th>Common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orlistat (Xenical)</td>
<td>Adults and children 12 years or older</td>
<td>Decreases the amount of fat your body absorbs from food; recommended with a daily multivitamin</td>
<td>Diarrhea, oily stool, gas, stomach ache</td>
</tr>
<tr>
<td>Phentermine-topiramate (Qsymia)</td>
<td>Adults</td>
<td>Decreases your appetite and may make you feel full sooner</td>
<td>Racing heartbeat, constipation, dry mouth, dizziness, trouble sleeping, tingling, sudden decrease in vision</td>
</tr>
<tr>
<td>Naltrexone-bupropion (Contrave)</td>
<td>Adults</td>
<td>May make you feel less hungry or full sooner</td>
<td>Constipation or diarrhea, vomiting, dizziness, headache, increased heart rate and/or blood pressure, liver damage, may increase suicidal thoughts or actions</td>
</tr>
<tr>
<td>Liraglutide (Saxenda) – injection only</td>
<td>Adults</td>
<td>May make you feel less hungry or full sooner. At a lower dose with the name Victoza it’s used to treat type 2 diabetes mellitus</td>
<td>Constipation or diarrhea, nausea, abdominal pain, headache, increased heart rate, may increase risk of pancreatitis</td>
</tr>
<tr>
<td>Other medications that can decrease your appetite include phentermine, benzphetamine, diethylpropion, phendimetrazine</td>
<td>Adults; only short-term use (12 weeks)</td>
<td>Increase chemicals in your brain to make you feel less hungry or full sooner</td>
<td>High blood pressure, increased heart rate, anxiety, restlessness, dizziness, decreased vision, dry mouth</td>
</tr>
</tbody>
</table>
that medications don’t replace physical activity or health eating habits as a way to lose weight, but rather should be used in conjunction.

Next up and, maybe most importantly, is the How: When it comes to picking which medication is right for you, there is no ONE BEST option. There are several drugs on the market that have great success; it’s more about finding the one that fits your lifestyle and health profile. Do you prefer a pill or an injection? Do you have other conditions that may benefit from a certain medication? Do you suffer more from hunger or cravings for carbohydrates? These are some of the questions that need to be answered to determine which regimen is right for you! Your doctor may prescribe several different weight loss medications, either in combination or individually, to find the most appropriate regimen for you. Weight loss of 5-10% of your starting body weight may lead to significant improvements in your health.

And finally, let’s talk timeline: How long can you use these medications? The answer is case-based. Most weight loss typically takes place within six months of starting these medications. Some patients have success coming off weight loss medications with time (usually 6 months or longer) and several others try to stop but then restart the medication because they regained their weight. Allowing for unchecked weight regain can lead to resistance to further weight loss efforts in the future. The best way to tackle this situation is to follow up with your healthcare provider frequently, especially when you hit roadblocks. As a rule of thumb, if you do not lose at least 5% of your starting weight after 12 weeks on the full dose of your medication, it is possible that your doctor may advise you to stop taking it.

In the end, if you find the right healthcare professional who can provide a safe, balanced and empathetic approach to weight loss—trust them and trust the process. Weight loss medications are no “magic pill” and they are not for everyone with a high BMI, but in the right setting, they may help you lead a healthier life.

Low blood sugar, or hypoglycemia, causes approximately 100,000 emergency room visits per year in the U.S.

Know the Signs. Be Prepared.

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Transoral “Scar-Free” Surgery

Transoral endocrine surgery is a new type of procedure that allows a surgeon to remove the thyroid, parathyroid glands, or neck lymph nodes in a truly scarless manner. While the surgery does leave scars, those scars are hidden on the inside of the lower lip, thus making it in all practical terms truly “scar-free.” It is an operation that has been under development for nearly 12 years, and is now a viable alternative to traditional thyroid and parathyroid surgery for some patients.

How does it work?

Traditionally, the surgeon makes an incision across the front of the neck. The size and exact location of that incision varies depending on the surgeon performing the operation as well as the size and location of either the thyroid or parathyroid gland. In the transoral approach, the surgeon makes three small incisions on the inside of the lower lip that are each 5 mm in length (2/10 of an inch). Small tunnels are then made between the skin and lower jaw down to the thyroid or parathyroid. Laparoscopic instruments and a high definition camera are then passed through these tunnels and the thyroid or parathyroid are removed with these instruments. Laparoscopic instruments are long, thin instruments that are about the diameter of a pen, and they take the place of traditional surgical instruments. At the end of the operation the thyroid or parathyroid is then placed in a bag and removed through the middle incision in the lower lip.

Is it safe and effective?

According to a large study from Bangkok, Thailand where there is the most experience, the risk of hurting either the nerve that controls the vocal cords or the parathyroid glands during transoral thyroid/parathyroid surgery is the same as with traditional thyroid/parathyroid surgery when done by experienced surgeons.

Are there any disadvantages of the transoral approach?

There is one additional surgical risk associated with the transoral approach that is not associated with the traditional approach, which is the possibility of hurting a nerve that controls sensation along the lower lip and chin. If this nerve is injured, the lower lip and chin could be numb. There is no functional consequence to this, meaning that smiling, eating, and facial expression are not affected. The risk of a permanent problem with sensation is <0.001%, meaning it happens less than once out of every 1,000 patients being operated upon. Another relative disadvantage is that the transoral approach typically adds 20-30 minutes of additional operative time to the traditional approach. However, it should be noted that an experienced transoral thyroid surgeon can do a thyroid operation faster than an inexperienced thyroid surgeon can do a traditional thyroid operation, so this disadvantage is relative.
Does a scar on the neck really matter?

The answer to this question is not simple. It is important to realize and understand that everyone has their own beliefs and reasons for what is important to them. Some people may not be bothered by the idea of a scar across the front of the neck, while for others avoiding such a scar is very important, and there is nothing wrong with either philosophy. It is actually quite normal to be worried about having a scar anywhere on the body and there is nothing wrong with wanting to avoid that scar if possible. Keep in mind though, that many patients have little to no scar once healing is complete after traditional thyroid/parathyroid surgery. Who develops a scar has to do with patient and surgeon factors as well as the extent of surgery. You should discuss these factors with your surgeon.

What is the recovery like?

The recovery from the transoral procedure takes about the same amount of time as the recovery from the traditional approach, but is a little different. We generally recommend for patients to take 1-2 weeks off from work and other strenuous activities. It is common to experience visible bruising and swelling of the lower lip, chin, and neck for 5-10 days. After that, the visible bruising and swelling will mostly resolve to the point where the casual observer would not be able to tell that someone has had the surgery. The majority of patients do not take prescription pain medication for more than 2-3 days.

Am I eligible for the operation?

The main eligibility criteria for transoral thyroid surgery are based on thyroid/nodule size. There are certain size limitations to the procedure, and at this time the size of a benign thyroid nodule cannot be more than 6 cm in diameter, and the overall size of the thyroid gland cannot be more than 10 cm in length. Thyroid cancer can be removed with the transoral approach, however currently the size of cancers being removed is typically limited to 2-2.5 cm in diameter and those well contained within the gland. For primary hyperparathyroidism, a condition involving enlargement of one or more parathyroid glands leading to hormone overproduction, the most well-suited type of operation for the transoral approach is a focused, single gland parathyroidectomy. Certain lymph nodes in the neck can also be removed with the transoral approach depending on their size and location. It is important to know that as new technologies emerge, more procedures are beginning to be safely accomplished with the transoral approach, thus what is possible today is likely to change in the near future. The only way to know for sure if you are eligible for the operation is to speak with a surgeon who routinely performs the procedure.

Should I consider this operation or the traditional approach?

This of course is a very personal decision, as is any decision relating to having a surgical procedure. In order to make this decision one must first have access to a surgeon who performs the operation, then have a candid discussion with that surgeon about your particular situation. Then, after that discussion, you have to carefully consider the pros and cons of all your options and use that information to make an informed decision. We know significantly more today about transoral thyroid and parathyroid surgery procedures than we did just two years ago, thus it is important to speak directly with a surgeon rather than relying only on information obtained on the internet or social media.
How Novel Cancer Therapies Affect Your Endocrine System

By Mahmoud Alsayed, MD and Ricardo Correa, MD, Es. D, FACP, CMQ

General concepts

Cancer cells can develop tolerance to the immune system by suppressing immune cells called T cells, which are known to be critical for our body’s immune response. The action of this tolerance is through immune checkpoints. Checkpoint inhibitors are a form of cancer immunotherapy, targeting these immune checkpoints. These types of medications have substantially improved the prognosis for patients with certain types of cancer, including melanoma, lung, bladder, and kidney cancer, among others.

In medicine, all of our pharmacotherapies come with a cost. Even though these medications have been proven to improve survival, there is a significant risk for immune-related adverse events, and are commonly presented in the skin, gastrointestinal and endocrine systems (Figure 1).

It is essential to understand that the immune-related adverse events can occur at any time from the beginning of treatment, during treatment, or after treatment has been discontinued. These events can resolve completely after appropriate therapy is administered, but in some cases where the endocrine system is affected, permanent hormone replacement therapy may be required. Furthermore, the use of more than one checkpoint inhibitor at the same time increases the risk of side effects presenting faster and being more severe.

Endocrinopathies

Immune-related adverse events can affect any endocrine organ. The most common endocrine adverse events involve thyroid dysfunction, including hypothyroidism, hyperthyroidism, and thyroiditis. Thyroid dysfunction is reported in 6-20% of patients taking these medications. Thyroiditis, which results from destruction of thyroid cells, is the most prevalent. Patients typically need thyroid hormone replacement lifelong.

The pituitary, the adrenal glands and the pancreas are other endocrine organs that can be affected. Hypophysitis is any inflammation in the pituitary gland and recently checkpoint inhibitors were added to the list of medications that can cause it. Pituitary dysfunction may affect multiple organs and hormone levels, like thyroid hormone, cortisol, testosterone or estrogen. Presentation can be subtle and difficult to differentiate from the primary malignancy or its treatment. Correct diagnosis requires critical thinking and a comprehensive workup. For instance, checking pituitary hormone levels without testing the blood levels of target hormones can give false reassurance. Adrenal glands produce important hormones, but cortisol is the most important one to thrive especially if patients are acutely ill or fighting cancer. Adrenalitis, which is inflammation of the adrenal glands, can result from immune checkpoint inhibitor use and can lead to low levels of cortisol. Appropriate diagnosis and treatment for adrenal insufficiency is extremely important. Diabetes mellitus can also result from immune-mediated destruction of pancreatic beta-cells, which are the cells synthesizing and producing insulin. In patients taking immune checkpoint inhibitors, new onset of hyperglycemia should prompt evaluation for new onset diabetes and expedite insulin use if appropriate.

In conclusion, even though immune checkpoint inhibitors have provided cancer patients with a promising new approach for treatment of advanced cancer, physicians and patients should be aware of the possibility of developing immune-related adverse events that can affect many organs. Endocrinopathies are immune-related adverse events that may result from use of these novel medications and can be managed with hormone replacement therapy depending on the affected organ by a specialist. These adverse events should not discourage the use of these medications as they have been shown to improve survival in a significant portion of patients with certain cancers.
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Women’s health scientist at AbbVie
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MY DIABETES EMERGENCY PLAN
AN IMPORTANT CHECKLIST FOR PEOPLE WITH DIABETES.

Advance preparation is a key defense for chronic disease management during emergencies.

Being caught unprepared during natural disasters and emergency situations can be potentially life-threatening to a person with diabetes. The My Diabetes Emergency Plan is a convenient checklist that contains all of the essential items those with diabetes need to have readily available in the event of an emergency.

On the website, you can download the plan in English or Spanish and view a step-by-step video of how to create your kit.

Visit mydiabetesemergencyplan.com