WEBVTT

NOTE duration: "00:58:12.2000000"

NOTE recognizability:0.806

NOTE language:en-us

NOTE Confidence: 0.835171654545454

 $00:00:00.000 \longrightarrow 00:00:00.432$ Introduce myself.

NOTE Confidence: 0.835171654545454

 $00:00:00.432 \longrightarrow 00:00:02.580$ I I think some of you know me already.

NOTE Confidence: 0.835171654545454

 $00:00:02.580 \longrightarrow 00:00:03.462$ I'm Karen traga.

NOTE Confidence: 0.835171654545454

 $00:00:03.462 \longrightarrow 00:00:05.226$ I'm one of the new surgical

NOTE Confidence: 0.835171654545454

 $00:00:05.226 \longrightarrow 00:00:07.080$ oncologists here and came as the

NOTE Confidence: 0.835171654545454

 $00{:}00{:}07.080 \dashrightarrow 00{:}00{:}08.580$ division Chief of Surgical Oncology.

NOTE Confidence: 0.835171654545454

 $00:00:08.580 \longrightarrow 00:00:10.677$ So it's really nice to meet all of you.

NOTE Confidence: 0.835171654545454

 $00:00:10.680 \longrightarrow 00:00:13.112$ And it is also my privilege to introduce

NOTE Confidence: 0.835171654545454

00:00:13.112 --> 00:00:16.120 one of us who's going to be speaking today.

NOTE Confidence: 0.835171654545454

 $00:00:16.120 \longrightarrow 00:00:17.830$ It's my privilege to introduce

NOTE Confidence: 0.835171654545454

00:00:17.830 --> 00:00:18.856 Doctor Courtney Gibson.

NOTE Confidence: 0.835171654545454

 $00{:}00{:}18.860 \dashrightarrow 00{:}00{:}21.128$ Doctor Gibson is an endocrine surgeon

NOTE Confidence: 0.835171654545454

 $00:00:21.128 \longrightarrow 00:00:23.120$ and associate professor of surgery

 $00:00:23.120 \longrightarrow 00:00:25.340$ at the Yale School of Medicine.

NOTE Confidence: 0.835171654545454

00:00:25.340 --> 00:00:26.804 Courtney is an accomplished

NOTE Confidence: 0.835171654545454

00:00:26.804 --> 00:00:28.634 clinical surgeon who takes care

NOTE Confidence: 0.835171654545454

 $00:00:28.634 \longrightarrow 00:00:30.478$ of diseases of the thyroid.

NOTE Confidence: 0.835171654545454

00:00:30.480 --> 00:00:32.550 Parathyroid and the adrenal gland,

NOTE Confidence: 0.835171654545454

00:00:32.550 --> 00:00:34.490 including minimally invasive laparoscopic

NOTE Confidence: 0.835171654545454

 $00:00:34.490 \longrightarrow 00:00:36.430$ retroperitoneal scopic surgeries and

NOTE Confidence: 0.835171654545454

 $00{:}00{:}36.430 \dashrightarrow 00{:}00{:}39.510$ is also the fellowship director of our

NOTE Confidence: 0.835171654545454

00:00:39.510 --> 00:00:41.870 Endocrine Surgery Program Fellowship,

NOTE Confidence: 0.835171654545454

 $00:00:41.870 \longrightarrow 00:00:43.970$ one of the premier fellowships

NOTE Confidence: 0.835171654545454

 $00{:}00{:}43.970 --> 00{:}00{:}45.230$ in the country.

NOTE Confidence: 0.835171654545454

 $00:00:45.230 \longrightarrow 00:00:46.810$ Courtney's research interests include

NOTE Confidence: 0.835171654545454

 $00:00:46.810 \longrightarrow 00:00:48.785$ outcomes after minimally invasive surgery,

NOTE Confidence: 0.835171654545454

00:00:48.790 --> 00:00:49.885 outpatient thyroidectomy and

NOTE Confidence: 0.835171654545454

00:00:49.885 --> 00:00:51.710 parathyroidectomy is so newer sort

NOTE Confidence: 0.835171654545454

 $00{:}00{:}51.710 \dashrightarrow 00{:}00{:}53.591$ of ways of thinking about how

 $00:00:53.591 \longrightarrow 00:00:55.229$ we take care of these patients,

NOTE Confidence: 0.835171654545454

 $00:00:55.230 \longrightarrow 00:00:57.186$ intraoperative laryngeal nerve

NOTE Confidence: 0.835171654545454

 $00:00:57.186 \longrightarrow 00:00:59.794$ monitoring and endocrine oncology.

NOTE Confidence: 0.835171654545454

 $00:00:59.800 \longrightarrow 00:01:01.720$ Courtney obtained her MD from VCU

NOTE Confidence: 0.835171654545454

 $00{:}01{:}01{.}720 \dashrightarrow 00{:}01{:}03.437$ and was a postdoctoral research

NOTE Confidence: 0.835171654545454

 $00:01:03.437 \longrightarrow 00:01:05.699$ fellow at Shop in Philadelphia and

NOTE Confidence: 0.835171654545454

00:01:05.699 --> 00:01:07.587 completed her training in general

NOTE Confidence: 0.835171654545454

 $00{:}01{:}07.587 \dashrightarrow 00{:}01{:}09.327$ surgery at Saint Barnabas and

NOTE Confidence: 0.835171654545454

 $00{:}01{:}09.327 \dashrightarrow 00{:}01{:}11.193$ endocrine surgery at Scott and White.

NOTE Confidence: 0.835171654545454

 $00:01:11.193 \longrightarrow 00:01:12.548$ So it's my privilege to

NOTE Confidence: 0.835171654545454

00:01:12.548 --> 00:01:13.470 introduce Doctor Gibson.

NOTE Confidence: 0.861575976

00:01:19.100 --> 00:01:21.228 All right. Good afternoon,

NOTE Confidence: 0.861575976

00:01:21.228 --> 00:01:22.835 everybody and I thank you for

NOTE Confidence: 0.861575976

 $00:01:22.835 \longrightarrow 00:01:23.910$ the opportunity to kind of

NOTE Confidence: 0.861575976

00:01:23.958 --> 00:01:25.218 present an important topic.

 $00:01:25.220 \longrightarrow 00:01:27.050$ I think it's some cutting edge

NOTE Confidence: 0.861575976

 $00:01:27.050 \longrightarrow 00:01:29.039$ work that's being done in the

NOTE Confidence: 0.861575976

 $00:01:29.039 \longrightarrow 00:01:30.459$ management of thyroid disease.

NOTE Confidence: 0.861575976

00:01:30.460 --> 00:01:32.368 And so we're excited to kind

NOTE Confidence: 0.861575976

 $00:01:32.368 \longrightarrow 00:01:33.981$ of be implementing this in

NOTE Confidence: 0.861575976

 $00:01:33.981 \longrightarrow 00:01:35.655$ the near future here at Yale.

NOTE Confidence: 0.861575976

 $00:01:35.660 \longrightarrow 00:01:37.116$ So today's talk is going to be

NOTE Confidence: 0.861575976

 $00:01:37.116 \longrightarrow 00:01:39.020$ on the a discussion about radio

NOTE Confidence: 0.861575976

00:01:39.020 --> 00:01:41.055 frequency ablation of thyroid nodules,

NOTE Confidence: 0.861575976

 $00{:}01{:}41.060 \dashrightarrow 00{:}01{:}43.100$ what current indications are and

NOTE Confidence: 0.861575976

 $00:01:43.100 \longrightarrow 00:01:46.030$ where are we headed in the future.

NOTE Confidence: 0.861575976

 $00:01:46.030 \longrightarrow 00:01:49.198$ I have no disclosures.

NOTE Confidence: 0.861575976

 $00:01:49.200 \longrightarrow 00:01:51.167$ So what we're going to do is

NOTE Confidence: 0.861575976

 $00{:}01{:}51.167 \dashrightarrow 00{:}01{:}52.010$ define radiofrequency ablation,

NOTE Confidence: 0.861575976

 $00:01:52.010 \longrightarrow 00:01:53.825$ the technique on what what

NOTE Confidence: 0.861575976

 $00:01:53.825 \longrightarrow 00:01:54.914$ exactly it entails.

 $00:01:54.920 \longrightarrow 00:01:56.325$ And we'll discuss some of

NOTE Confidence: 0.861575976

 $00:01:56.325 \longrightarrow 00:01:57.168$ the current guidelines,

NOTE Confidence: 0.861575976

 $00:01:57.170 \longrightarrow 00:01:58.982$ which are largely international,

NOTE Confidence: 0.861575976

 $00{:}01{:}58.982 \dashrightarrow 00{:}02{:}01.700$ but there's been a concerted effort

NOTE Confidence: 0.861575976

 $00:02:01.768 \longrightarrow 00:02:03.700$ to kind of get a consensus on

NOTE Confidence: 0.861575976

 $00:02:03.700 \longrightarrow 00:02:04.999$ management treatment guidelines

NOTE Confidence: 0.861575976

 $00:02:04.999 \longrightarrow 00:02:06.298$ for this technique.

NOTE Confidence: 0.861575976

 $00{:}02{:}06.300 \dashrightarrow 00{:}02{:}08.295$ We're going to go into some more

NOTE Confidence: 0.861575976

 $00:02:08.295 \longrightarrow 00:02:09.537$ specifics about the specific

NOTE Confidence: 0.861575976

 $00{:}02{:}09.537 \dashrightarrow 00{:}02{:}11.481$ technique of how to perform a

NOTE Confidence: 0.861575976

 $00:02:11.481 \longrightarrow 00:02:13.104$ thyroid RFA ablation of thyroid

NOTE Confidence: 0.861575976

00:02:13.104 --> 00:02:14.584 nodules and then briefly we'll

NOTE Confidence: 0.861575976

 $00{:}02{:}14.584 \dashrightarrow 00{:}02{:}16.932$ go over some other non-surgical

NOTE Confidence: 0.861575976

 $00:02:16.932 \longrightarrow 00:02:19.110$ ablative interventions that.

NOTE Confidence: 0.861575976

 $00:02:19.110 \longrightarrow 00:02:21.174$ Can be used and and see how they

 $00:02:21.174 \longrightarrow 00:02:22.647$ compare to radiofrequency ablation

NOTE Confidence: 0.861575976

 $00{:}02{:}22.647 \dashrightarrow 00{:}02{:}24.872$ and then lastly we'll discover

NOTE Confidence: 0.861575976

00:02:24.872 --> 00:02:26.713 discuss some future potential

NOTE Confidence: 0.861575976

 $00:02:26.713 \longrightarrow 00:02:28.938$ indications in the treatment of

NOTE Confidence: 0.861575976

 $00:02:28.938 \longrightarrow 00:02:30.718$ thyroid disease and particularly

NOTE Confidence: 0.861575976

 $00:02:30.720 \longrightarrow 00:02:33.410$ thyroid cancer.

NOTE Confidence: 0.861575976

 $00:02:33.410 \longrightarrow 00:02:34.054$ So first,

NOTE Confidence: 0.861575976

 $00:02:34.054 \longrightarrow 00:02:35.986$ what exactly is radio frequency ablation?

NOTE Confidence: 0.861575976

 $00:02:35.990 \longrightarrow 00:02:37.410$ It's not a new technique,

NOTE Confidence: 0.861575976

 $00:02:37.410 \longrightarrow 00:02:39.114$ that's just a newer indication for

NOTE Confidence: 0.861575976

 $00:02:39.114 \longrightarrow 00:02:41.268$ it and the management of thyroid disease.

NOTE Confidence: 0.861575976

00:02:41.270 --> 00:02:42.130 And So what it is,

NOTE Confidence: 0.861575976

 $00:02:42.130 \longrightarrow 00:02:45.058$ is it's a procedure in which a part

NOTE Confidence: 0.861575976

 $00:02:45.058 \longrightarrow 00:02:47.950$ of the a tumor or other dysfunctional

NOTE Confidence: 0.861575976

 $00:02:47.950 \longrightarrow 00:02:50.811$ tissue is ablated using the heat

NOTE Confidence: 0.861575976

 $00:02:50.811 \longrightarrow 00:02:53.307$ generated from frequency medium

 $00{:}02{:}53.307 \dashrightarrow 00{:}02{:}55.179$ frequency alternating current.

NOTE Confidence: 0.861575976

 $00{:}02{:}55.180 {\:{\circ}{\circ}{\circ}}>00{:}02{:}56.808$ The radiofrequency ablation destroys

NOTE Confidence: 0.861575976

 $00:02:56.808 \longrightarrow 00:02:58.843$ targeted tissue through a combination

NOTE Confidence: 0.861575976

00:02:58.843 --> 00:03:00.973 of frictional and conduction heat

NOTE Confidence: 0.861575976

 $00{:}03{:}00.973 \dashrightarrow 00{:}03{:}03.058$ that's generated from high frequency

NOTE Confidence: 0.861575976

00:03:03.058 --> 00:03:04.539 alternating electrical current,

NOTE Confidence: 0.861575976

 $00:03:04.540 \longrightarrow 00:03:06.945$ and the oscillations are typically

NOTE Confidence: 0.861575976

 $00:03:06.945 \longrightarrow 00:03:09.350$ between 200 and 1200 kilohertz.

NOTE Confidence: 0.861575976

 $00:03:09.350 \longrightarrow 00:03:11.723$ Frictional heat is created when the RF

NOTE Confidence: 0.861575976

 $00:03:11.723 \longrightarrow 00:03:13.610$ waves passed through the electrode,

NOTE Confidence: 0.861575976

 $00:03:13.610 \longrightarrow 00:03:15.318$ and they then agitate tissue ions as

NOTE Confidence: 0.861575976

 $00:03:15.318 \longrightarrow 00:03:17.437$ they try to follow changes in the

NOTE Confidence: 0.861575976

 $00{:}03{:}17.437 \dashrightarrow 00{:}03{:}19.102$ direction of the alternating current.

NOTE Confidence: 0.861575976

 $00:03:19.110 \longrightarrow 00:03:20.755$ The result is an increase in the

NOTE Confidence: 0.861575976

 $00:03:20.755 \longrightarrow 00:03:21.810$ temperature of the surrounding

 $00:03:21.810 \longrightarrow 00:03:23.310$ tissue within a few millimeters

NOTE Confidence: 0.861575976

 $00:03:23.310 \longrightarrow 00:03:24.510$ of the electrode tip,

NOTE Confidence: 0.861575976

00:03:24.510 --> 00:03:26.155 and then heat conduction from

NOTE Confidence: 0.861575976

00:03:26.155 --> 00:03:28.229 the ablated area yields a slower

NOTE Confidence: 0.861575976

 $00:03:28.229 \longrightarrow 00:03:30.054$ additional form of thermal damage

NOTE Confidence: 0.861575976

 $00:03:30.054 \longrightarrow 00:03:32.319$ to the target tissue and eventually

NOTE Confidence: 0.861575976

 $00:03:32.319 \longrightarrow 00:03:34.545$ tissue that is further away from

NOTE Confidence: 0.861575976

 $00:03:34.545 \longrightarrow 00:03:35.287$ the electrode.

NOTE Confidence: 0.861575976

 $00{:}03{:}35.290 \dashrightarrow 00{:}03{:}37.425$ So immediate coagulation necros is is

NOTE Confidence: 0.861575976

 $00:03:37.425 \longrightarrow 00:03:39.560$ achieved by friction heat generated

NOTE Confidence: 0.861575976

 $00:03:39.629 \longrightarrow 00:03:41.585$ in the vicinity of the electrode.

NOTE Confidence: 0.861575976

00:03:41.590 --> 00:03:41.890 However,

NOTE Confidence: 0.861575976

 $00:03:41.890 \longrightarrow 00:03:43.390$ the tumor tissue remote to

NOTE Confidence: 0.861575976

 $00:03:43.390 \longrightarrow 00:03:45.070$ the electrode is also ablated,

NOTE Confidence: 0.861575976

00:03:45.070 --> 00:03:47.338 but at a much slower rate due

NOTE Confidence: 0.861575976

 $00:03:47.338 \longrightarrow 00:03:48.310$ to conductive heat.

 $00:03:48.310 \longrightarrow 00:03:50.240$ Friction heat is more powerful

NOTE Confidence: 0.861575976

 $00:03:50.240 \longrightarrow 00:03:51.784$ than conduction conduction heat,

NOTE Confidence: 0.861575976

 $00{:}03{:}51.790 \dashrightarrow 00{:}03{:}53.755$ and although conduction heat near

NOTE Confidence: 0.861575976

 $00:03:53.755 \longrightarrow 00:03:56.135$ blood vessels is more affected by

NOTE Confidence: 0.861575976

 $00{:}03{:}56.135 \dashrightarrow 00{:}03{:}58.543$ a heat sink effect whereby the heat

NOTE Confidence: 0.861575976

00:03:58.543 --> 00:04:00.388 dissipates pretty quickly because of

NOTE Confidence: 0.861575976

00:04:00.388 --> 00:04:02.929 the flow of blood through those vessels,

NOTE Confidence: 0.861575976

 $00:04:02.930 \longrightarrow 00:04:04.856$ the ablation range or the friction

NOTE Confidence: 0.861575976

 $00{:}04{:}04.856 \dashrightarrow 00{:}04{:}07.133$ heat is very narrow and focused and

NOTE Confidence: 0.861575976

 $00:04:07.133 \longrightarrow 00:04:09.296$ is limited to just a few millimeters

NOTE Confidence: 0.861575976

00:04:09.364 --> 00:04:11.266 beyond the tip of the electrode,

NOTE Confidence: 0.861575976

 $00:04:11.270 \longrightarrow 00:04:12.914$ so therefore the majority of the

NOTE Confidence: 0.861575976

 $00:04:12.914 \longrightarrow 00:04:14.889$ nodule is ablated by conduction heat.

NOTE Confidence: 0.861575976

 $00:04:14.890 \longrightarrow 00:04:16.836$ This technique has been used for decades,

NOTE Confidence: 0.861575976

 $00:04:16.840 \longrightarrow 00:04:18.478$ at least 20 years or longer,

 $00:04:18.480 \longrightarrow 00:04:20.104$ in the non-surgical treatment

NOTE Confidence: 0.803017723333333

 $00{:}04{:}20.104 \dashrightarrow 00{:}04{:}22.134$ of various solid organ tumors,

NOTE Confidence: 0.803017723333333

 $00:04:22.140 \longrightarrow 00:04:23.502$ but has only recently been applied

NOTE Confidence: 0.803017723333333

 $00:04:23.502 \longrightarrow 00:04:25.294$ to tumors of the thyroid gland and

NOTE Confidence: 0.803017723333333

 $00:04:25.294 \longrightarrow 00:04:26.684$ with the most robust experience,

NOTE Confidence: 0.803017723333333

00:04:26.690 --> 00:04:28.466 has been occurring in South Korea.

NOTE Confidence: 0.70727884

 $00:04:32.350 \longrightarrow 00:04:34.135$ For this approach, typically there's

NOTE Confidence: 0.70727884

00:04:34.135 --> 00:04:36.240 a transit ethnic approach that's used,

NOTE Confidence: 0.70727884

 $00:04:36.240 \longrightarrow 00:04:38.616$ and so in this approach the entire length

NOTE Confidence: 0.70727884

 $00:04:38.616 \longrightarrow 00:04:41.007$ of the electrode can be visualized.

NOTE Confidence: 0.70727884

 $00:04:41.010 \longrightarrow 00:04:42.774$ There's minimal exposure of the heat

NOTE Confidence: 0.70727884

 $00:04:42.774 \longrightarrow 00:04:44.535$ tip to critical structures such as

NOTE Confidence: 0.70727884

 $00:04:44.535 \longrightarrow 00:04:46.131$ the recurrent laryngeal nerve or the

NOTE Confidence: 0.70727884

 $00:04:46.131 \longrightarrow 00:04:47.787$ esophagus in the left cervical neck.

NOTE Confidence: 0.70727884

00:04:47.790 --> 00:04:48.532 And additionally,

NOTE Confidence: 0.70727884

 $00:04:48.532 \longrightarrow 00:04:50.387$ because the electrode passes through

00:04:50.387 --> 00:04:52.509 an ample amount of thyroid tissue,

NOTE Confidence: 0.70727884

 $00{:}04{:}52.510 \dashrightarrow 00{:}04{:}54.046$ this prevents a change in position

NOTE Confidence: 0.70727884

00:04:54.046 --> 00:04:56.007 of the electrode as a patient speaks

NOTE Confidence: 0.70727884

00:04:56.007 --> 00:04:57.487 or swallows during the procedure,

NOTE Confidence: 0.70727884

 $00:04:57.490 \longrightarrow 00:05:00.997$ and it also prevents the leakage of

NOTE Confidence: 0.70727884

 $00:05:00.997 \longrightarrow 00:05:03.160$ ablated thyroid liquified tissue.

NOTE Confidence: 0.70727884

 $00:05:03.160 \longrightarrow 00:05:04.400$ So here you see,

NOTE Confidence: 0.70727884

 $00:05:04.400 \longrightarrow 00:05:05.640$ through the transmit approach

NOTE Confidence: 0.70727884

 $00{:}05{:}05.640 \dashrightarrow 00{:}05{:}07.285$ the electrode is being introduced

NOTE Confidence: 0.70727884

 $00:05:07.285 \longrightarrow 00:05:09.217$ through the isthmus and headed over,

NOTE Confidence: 0.70727884

 $00{:}05{:}09.220 \dashrightarrow 00{:}05{:}12.676$ in this case to the right thyroid lobe.

NOTE Confidence: 0.70727884

 $00{:}05{:}12.680 \dashrightarrow 00{:}05{:}14.584$ And the needle is inserted a few

NOTE Confidence: 0.70727884

 $00:05:14.584 \longrightarrow 00:05:16.073$ millimeters from the border of

NOTE Confidence: 0.70727884

 $00:05:16.073 \longrightarrow 00:05:16.997$ that thyroid nodule.

NOTE Confidence: 0.70727884

 $00{:}05{:}17.000 \dashrightarrow 00{:}05{:}18.914$ Because again the heat generated is

 $00:05:18.914 \longrightarrow 00:05:21.019$ going to extend beyond electrode tip.

NOTE Confidence: 0.70727884

 $00{:}05{:}21.020 \dashrightarrow 00{:}05{:}23.180$ And then successively the and

NOTE Confidence: 0.70727884

 $00:05:23.180 \longrightarrow 00:05:25.340$ matters of millimeters of distance,

NOTE Confidence: 0.70727884

 $00:05:25.340 \longrightarrow 00:05:27.671$ the electrode tip is moved back to

NOTE Confidence: 0.70727884

 $00:05:27.671 \longrightarrow 00:05:30.042$ ablate the area and then it continues on

NOTE Confidence: 0.70727884

 $00:05:30.042 \longrightarrow 00:05:32.290$ to get the majority of the nodule ablated.

NOTE Confidence: 0.842458696153846

 $00:05:34.490 \longrightarrow 00:05:36.450$ In this manner you avoid this what

NOTE Confidence: 0.842458696153846

 $00{:}05{:}36.450 \dashrightarrow 00{:}05{:}38.508$ we call the triangle of danger.

NOTE Confidence: 0.842458696153846

 $00{:}05{:}38.510 \dashrightarrow 00{:}05{:}40.687$ So this is where the recurrent laryngeal

NOTE Confidence: 0.842458696153846

 $00:05:40.687 \longrightarrow 00:05:42.582$ nerve is located in the tracheal

NOTE Confidence: 0.842458696153846

 $00{:}05{:}42.582 \dashrightarrow 00{:}05{:}44.682$ esophageal groove and on the left side.

NOTE Confidence: 0.842458696153846

 $00:05:44.690 \longrightarrow 00:05:46.378$ This depiction is actually

NOTE Confidence: 0.842458696153846

 $00:05:46.378 \longrightarrow 00:05:47.644$ the cervical esophagus.

NOTE Confidence: 0.842458696153846

 $00:05:47.650 \longrightarrow 00:05:49.022$ It's very mobile and so it can

NOTE Confidence: 0.842458696153846

 $00:05:49.022 \longrightarrow 00:05:50.598$ be on the left or right side,

NOTE Confidence: 0.842458696153846

 $00{:}05{:}50.600 \dashrightarrow 00{:}05{:}51.780$ and it's important to know

 $00:05:51.780 \longrightarrow 00:05:52.488$ your anatomic structures,

NOTE Confidence: 0.842458696153846

 $00:05:52.490 \longrightarrow 00:05:53.525$ but typically it lies in

NOTE Confidence: 0.842458696153846

 $00:05:53.525 \longrightarrow 00:05:54.353$ the left cervical neck.

NOTE Confidence: 0.776916800666667

00:05:57.040 --> 00:05:59.476 In addition to the transmit approach,

NOTE Confidence: 0.776916800666667

 $00:05:59.480 \longrightarrow 00:06:00.885$ there's a technique called the

NOTE Confidence: 0.776916800666667

00:06:00.885 --> 00:06:02.290 moving shot technique which I

NOTE Confidence: 0.776916800666667

 $00:06:02.345 \longrightarrow 00:06:03.660$ kind of started to describe.

NOTE Confidence: 0.776916800666667

 $00:06:03.660 \longrightarrow 00:06:05.136$ And in this technique,

NOTE Confidence: 0.776916800666667

 $00:06:05.136 \longrightarrow 00:06:07.350$ the thyroid nodule is conceptually divided

NOTE Confidence: 0.776916800666667

 $00:06:07.411 \longrightarrow 00:06:09.396$ into multiple small ablation units,

NOTE Confidence: 0.776916800666667

 $00:06:09.400 \longrightarrow 00:06:11.332$ so these units are smaller at the

NOTE Confidence: 0.776916800666667

 $00:06:11.332 \longrightarrow 00:06:13.539$ periphery and then get larger as you get

NOTE Confidence: 0.776916800666667

 $00:06:13.539 \longrightarrow 00:06:15.559$ to more centralized areas of that nodule.

NOTE Confidence: 0.776916800666667

 $00:06:15.560 \longrightarrow 00:06:18.376$ The RFA procedures then perform unit by unit,

NOTE Confidence: 0.776916800666667

 $00:06:18.380 \longrightarrow 00:06:20.585$ moving the electrode tip from the most

00:06:20.585 --> 00:06:23.183 distal or deep location to a more

NOTE Confidence: 0.776916800666667

 $00{:}06{:}23.183 \dashrightarrow 00{:}06{:}25.173$ superficial location and although this

NOTE Confidence: 0.776916800666667

 $00:06:25.173 \longrightarrow 00:06:27.119$ technique can successfully prevent.

NOTE Confidence: 0.776916800666667

00:06:27.120 --> 00:06:29.010 Nodule regrowth in a majority

NOTE Confidence: 0.776916800666667

 $00:06:29.010 \longrightarrow 00:06:30.144$ of thyroid nodules,

NOTE Confidence: 0.776916800666667

 $00:06:30.150 \longrightarrow 00:06:31.806$ there can be some undertreated portions,

NOTE Confidence: 0.776916800666667

 $00:06:31.810 \longrightarrow 00:06:33.990$ particularly if you are concerned

NOTE Confidence: 0.776916800666667

 $00:06:33.990 \longrightarrow 00:06:35.734$ about surrounding critical structures.

NOTE Confidence: 0.776916800666667

 $00{:}06{:}35.740 \dashrightarrow 00{:}06{:}37.148$ So you want to be a little bit

NOTE Confidence: 0.776916800666667

 $00:06:37.148 \longrightarrow 00:06:38.428$ away from the the very border,

NOTE Confidence: 0.776916800666667

 $00{:}06{:}38.430 \dashrightarrow 00{:}06{:}40.200$ the very margin margin of that

NOTE Confidence: 0.776916800666667

 $00:06:40.200 \longrightarrow 00:06:40.790$ thyroid nodule.

NOTE Confidence: 0.776916800666667

 $00:06:40.790 \longrightarrow 00:06:42.908$ So in cases of recurrence is

NOTE Confidence: 0.776916800666667

00:06:42.908 --> 00:06:43.967 usually marginal regrowth,

NOTE Confidence: 0.776916800666667

00:06:43.970 --> 00:06:45.770 but oftentimes it's not significant,

NOTE Confidence: 0.776916800666667

 $00{:}06{:}45.770 \dashrightarrow 00{:}06{:}48.078$ significant enough to cause

 $00:06:48.078 \longrightarrow 00:06:50.963$ recurrence of symptoms in patients.

NOTE Confidence: 0.776916800666667

 $00:06:50.970 \longrightarrow 00:06:53.484$ Undertreated portions of the nodule so

NOTE Confidence: 0.776916800666667

 $00{:}06{:}53.484 \dashrightarrow 00{:}06{:}56.130$ near that triangle of doom can occur,

NOTE Confidence: 0.776916800666667

 $00:06:56.130 \longrightarrow 00:06:58.610$ or in cases where the nodules are larger,

NOTE Confidence: 0.776916800666667

 $00:06:58.610 \longrightarrow 00:07:00.686$ so larger than like 20 millimeters,

NOTE Confidence: 0.776916800666667

 $00:07:00.690 \longrightarrow 00:07:02.295$ and sometimes they require more

NOTE Confidence: 0.776916800666667

 $00:07:02.295 \longrightarrow 00:07:03.258$ than one treatment.

NOTE Confidence: 0.90548972875

 $00:07:05.720 \longrightarrow 00:07:07.024$ Let's see, hopefully this

NOTE Confidence: 0.90548972875

 $00:07:07.024 \longrightarrow 00:07:08.328$ video will show here.

NOTE Confidence: 0.90548972875

 $00:07:08.330 \longrightarrow 00:07:10.442$ So this is just showing the

NOTE Confidence: 0.90548972875

 $00:07:10.442 \longrightarrow 00:07:11.850$ actual moving shot technique.

NOTE Confidence: 0.90548972875

 $00{:}07{:}11.850 \dashrightarrow 00{:}07{:}13.800$ So in this approach the transmit

NOTE Confidence: 0.90548972875

 $00{:}07{:}13.800 \dashrightarrow 00{:}07{:}15.939$ approach and movie shot technique are

NOTE Confidence: 0.90548972875

 $00:07:15.939 \longrightarrow 00:07:18.273$ used in combination and they're record

NOTE Confidence: 0.90548972875

 $00:07:18.273 \longrightarrow 00:07:20.328$ recommended as a standard procedure.

 $00:07:20.330 \longrightarrow 00:07:21.975$ But it's important to note that the

NOTE Confidence: 0.90548972875

 $00{:}07{:}21.975 \dashrightarrow 00{:}07{:}23.965$ best approach is the one in which the

NOTE Confidence: 0.90548972875

 $00{:}07{:}23.965 \dashrightarrow 00{:}07{:}25.205$ operator is most comfortable with.

NOTE Confidence: 0.90548972875

 $00:07:25.210 \longrightarrow 00:07:27.408$ As a thyroid surgeon and in my

NOTE Confidence: 0.90548972875

 $00:07:27.408 \longrightarrow 00:07:30.066$ training we learned to do fine needle

NOTE Confidence: 0.90548972875

 $00:07:30.066 \longrightarrow 00:07:32.126$ aspirations through a different approach,

NOTE Confidence: 0.90548972875

 $00:07:32.130 \longrightarrow 00:07:33.866$ not going through the isthmus but facing

NOTE Confidence: 0.90548972875

 $00:07:33.866 \longrightarrow 00:07:35.878$ the patient so that the left side of that.

NOTE Confidence: 0.90548972875

 $00{:}07{:}35.880 --> 00{:}07{:}36.815$ Question is what you see

NOTE Confidence: 0.90548972875

 $00:07:36.815 \longrightarrow 00:07:37.563$ on the ultrasound screen.

NOTE Confidence: 0.90548972875

 $00:07:37.570 \longrightarrow 00:07:39.750$ So whatever you're most comfortable

NOTE Confidence: 0.90548972875

 $00{:}07{:}39.750 \dashrightarrow 00{:}07{:}41.965$ and way in performing your ultrasound

NOTE Confidence: 0.90548972875

 $00:07:41.965 \longrightarrow 00:07:44.107$ and your fine needle biopsy is

NOTE Confidence: 0.90548972875

00:07:44.107 --> 00:07:45.647 typically the way that you're

NOTE Confidence: 0.90548972875

 $00:07:45.647 \longrightarrow 00:07:47.699$ going to perform the RFA ablation.

NOTE Confidence: 0.90548972875

 $00:07:47.700 \longrightarrow 00:07:49.452$ The electrode is inserted via the

00:07:49.452 --> 00:07:51.345 is thmus and the midline to lateral

NOTE Confidence: 0.90548972875

 $00{:}07{:}51.345 \dashrightarrow 00{:}07{:}53.010$ direction to approach the target

NOTE Confidence: 0.90548972875

00:07:53.010 --> 00:07:54.603 nodule through either the right

NOTE Confidence: 0.90548972875

 $00:07:54.603 \longrightarrow 00:07:56.472$ or left thyroid lobe and then the

NOTE Confidence: 0.90548972875

 $00:07:56.472 \longrightarrow 00:07:57.944$ ablation proceeds from the deepest

NOTE Confidence: 0.90548972875

 $00:07:57.944 \longrightarrow 00:08:00.108$ and most remote portion of the to

NOTE Confidence: 0.90548972875

 $00:08:00.108 \longrightarrow 00:08:01.588$ the most superficial portion of

NOTE Confidence: 0.90548972875

 $00:08:01.588 \longrightarrow 00:08:03.379$ the nodule by slowly pulling back

NOTE Confidence: 0.90548972875

 $00:08:03.379 \longrightarrow 00:08:05.297$ on the electrode tip and this is

NOTE Confidence: 0.90548972875

 $00:08:05.297 \longrightarrow 00:08:07.180$ known as a moving shot technique.

NOTE Confidence: 0.90548972875

 $00:08:07.180 \longrightarrow 00:08:08.790$ So during ablation echogenic bubbles

NOTE Confidence: 0.90548972875

 $00:08:08.790 \longrightarrow 00:08:10.984$ are generated from the active tip and

NOTE Confidence: 0.90548972875

 $00{:}08{:}10.984 \dashrightarrow 00{:}08{:}12.568$ the location of the electrode should

NOTE Confidence: 0.90548972875

 $00:08:12.568 \longrightarrow 00:08:13.886$ always be continuously monitored

NOTE Confidence: 0.90548972875

 $00:08:13.886 \longrightarrow 00:08:15.741$ by real time ultrasound guidance

 $00:08:15.741 \longrightarrow 00:08:17.560$ during the procedure to prevent.

NOTE Confidence: 0.90548972875

 $00{:}08{:}17.560 \dashrightarrow 00{:}08{:}18.960$ Possible thermal thermal damage

NOTE Confidence: 0.90548972875

 $00{:}08{:}18.960 \dashrightarrow 00{:}08{:}20.360$ to other important structures.

NOTE Confidence: 0.8526488875

 $00:08:22.830 \longrightarrow 00:08:25.098$ So more recently the.

NOTE Confidence: 0.8103289275

 $00:08:28.130 \longrightarrow 00:08:29.360$ Marginal venous ablation

NOTE Confidence: 0.8103289275

 $00:08:29.360 \longrightarrow 00:08:31.410$ technique has been added on.

NOTE Confidence: 0.8103289275

 $00:08:31.410 \longrightarrow 00:08:33.454$ And so most of these nodules have

NOTE Confidence: 0.8103289275

 $00:08:33.454 \longrightarrow 00:08:35.334$ a feeding vessel that is along

NOTE Confidence: 0.8103289275

 $00{:}08{:}35.334 \dashrightarrow 00{:}08{:}37.206$ the periphery of the nodule right.

NOTE Confidence: 0.8103289275

 $00:08:37.210 \longrightarrow 00:08:39.577$ And so we found that a lot of the

NOTE Confidence: 0.8103289275

 $00{:}08{:}39.577 \dashrightarrow 00{:}08{:}41.177$ recurrences occur because there's

NOTE Confidence: 0.8103289275

 $00{:}08{:}41.177 \dashrightarrow 00{:}08{:}43.733$ not been an appropriate amount of

NOTE Confidence: 0.8103289275

 $00:08:43.733 \longrightarrow 00:08:45.569$ devascularization of that thyroid nodule.

NOTE Confidence: 0.8103289275

 $00{:}08{:}45.570 \dashrightarrow 00{:}08{:}48.210$ So by a blating the feeding vessel,

NOTE Confidence: 0.8103289275

 $00:08:48.210 \longrightarrow 00:08:50.646$ you decrease the risk of recurrence.

NOTE Confidence: 0.8103289275

 $00:08:50.650 \longrightarrow 00:08:53.098$ And so in a similar way to the actual

 $00:08:53.098 \longrightarrow 00:08:54.729$ ablation of the thyroid nodule,

NOTE Confidence: 0.8103289275

 $00{:}08{:}54.730 \dashrightarrow 00{:}08{:}56.320$ the marginal vein is punctured

NOTE Confidence: 0.8103289275

 $00:08:56.320 \longrightarrow 00:08:58.440$ by the electrode tip and ablated.

NOTE Confidence: 0.8103289275

 $00:08:58.440 \longrightarrow 00:08:59.856$ Let's see if this shows here.

NOTE Confidence: 0.8103289275

 $00:08:59.860 \longrightarrow 00:09:01.505$ And So what you'll see is that

NOTE Confidence: 0.8103289275

 $00:09:01.505 \longrightarrow 00:09:03.014$ air bubbles start to feel that

NOTE Confidence: 0.8103289275

 $00:09:03.014 \longrightarrow 00:09:04.514$ that marginal vein of the nodule,

NOTE Confidence: 0.8103289275

 $00:09:04.520 \longrightarrow 00:09:06.188$ and initially the air bubbles flow

NOTE Confidence: 0.8103289275

 $00{:}09{:}06.188 \dashrightarrow 00{:}09{:}07.887$ pretty rapidly along the marginal vein

NOTE Confidence: 0.8103289275

 $00:09:07.887 \longrightarrow 00:09:10.031$ as long as there's a remaining venous flow.

NOTE Confidence: 0.8103289275

00:09:10.040 --> 00:09:11.027 But over time,

NOTE Confidence: 0.8103289275

 $00:09:11.027 \longrightarrow 00:09:12.672$ the venous flow gradually decreases

NOTE Confidence: 0.8103289275

 $00:09:12.672 \longrightarrow 00:09:14.400$ and eventually it stops completely,

NOTE Confidence: 0.8103289275

 $00:09:14.400 \longrightarrow 00:09:16.353$ and so the air bubbles stay inside the veins,

NOTE Confidence: 0.8103289275

 $00:09:16.360 \longrightarrow 00:09:17.744$ and that indicates complete

 $00:09:17.744 \longrightarrow 00:09:19.820$ ablation of that of that vein.

NOTE Confidence: 0.8103289275

 $00{:}09{:}19.820 \dashrightarrow 00{:}09{:}21.644$ The tip of the electrode is located at

NOTE Confidence: 0.8103289275

 $00:09:21.644 \longrightarrow 00:09:23.610$ the main vessel that's feeding the nodule

NOTE Confidence: 0.8103289275

00:09:23.610 --> 00:09:25.560 in the Hypoechoic area over this way,

NOTE Confidence: 0.8103289275

 $00:09:25.560 \longrightarrow 00:09:27.288$ and then it's a blade for a few

NOTE Confidence: 0.8103289275

 $00:09:27.288 \longrightarrow 00:09:28.579$ seconds and during ablation.

NOTE Confidence: 0.8103289275

 $00{:}09{:}28.580 \dashrightarrow 00{:}09{:}29.668$ Echogenic bubbles are generated

NOTE Confidence: 0.8103289275

 $00:09:29.668 \longrightarrow 00:09:30.756$ from the active tip.

NOTE Confidence: 0.762455511428571

00:09:34.770 --> 00:09:36.190 So why thyroid RFA?

NOTE Confidence: 0.762455511428571

 $00:09:36.190 \longrightarrow 00:09:37.255$ So in general,

NOTE Confidence: 0.762455511428571

 $00{:}09{:}37.260 \mathrel{--}{>} 00{:}09{:}38.720$ thyroid nodules are a prevalent,

NOTE Confidence: 0.762455511428571

 $00:09:38.720 \longrightarrow 00:09:39.923$ prevalent clinical problem.

NOTE Confidence: 0.762455511428571

 $00:09:39.923 \longrightarrow 00:09:42.766$ So up to 70% of the population

NOTE Confidence: 0.762455511428571

 $00:09:42.766 \longrightarrow 00:09:44.826$ has one or more nodules.

NOTE Confidence: 0.762455511428571

 $00:09:44.830 \longrightarrow 00:09:46.850$ Thyroid nodule detection on ultrasound.

NOTE Confidence: 0.762455511428571

00:09:46.850 --> 00:09:48.178 And although most benign

 $00:09:48.178 \longrightarrow 00:09:49.838$ nodules can be safely observed,

NOTE Confidence: 0.762455511428571

 $00:09:49.840 \longrightarrow 00:09:51.958$ there's a good portion of the

NOTE Confidence: 0.762455511428571

00:09:51.958 --> 00:09:53.370 nodules that require definitive

NOTE Confidence: 0.762455511428571

 $00:09:53.432 \longrightarrow 00:09:55.080$ management for various reasons

NOTE Confidence: 0.762455511428571

 $00:09:55.080 \longrightarrow 00:09:57.140$ and significant increase in size,

NOTE Confidence: 0.762455511428571

 $00:09:57.140 \longrightarrow 00:09:59.947$ you know, continued growth of a nodule,

NOTE Confidence: 0.762455511428571

 $00:09:59.950 \longrightarrow 00:10:00.912$ compressive symptoms,

NOTE Confidence: 0.762455511428571

00:10:00.912 --> 00:10:02.836 some cosmetic concerns or

NOTE Confidence: 0.762455511428571

00:10:02.836 --> 00:10:04.279 autonomously functioning nodules

NOTE Confidence: 0.762455511428571

00:10:04.279 --> 00:10:06.180 that lead to hyperthyroidism.

NOTE Confidence: 0.762455511428571

00:10:06.180 --> 00:10:07.636 So surgical election surgical

NOTE Confidence: 0.762455511428571

00:10:07.636 --> 00:10:09.456 resection has long been the

NOTE Confidence: 0.762455511428571

 $00{:}10{:}09.456 \dashrightarrow 00{:}10{:}11.207$ mainst ay of treatment for these

NOTE Confidence: 0.762455511428571

 $00{:}10{:}11.207 \dashrightarrow 00{:}10{:}12.531$ benign but problematic nodules

NOTE Confidence: 0.762455511428571

00:10:12.531 --> 00:10:14.469 and in fact of approximately,

00:10:14.470 --> 00:10:15.418 you know,

NOTE Confidence: 0.762455511428571

 $00:10:15.418 \longrightarrow 00:10:17.788$ 140 to 170,000 thyroid procedures

NOTE Confidence: 0.762455511428571

 $00:10:17.788 \longrightarrow 00:10:20.600$ performed annually in the United States.

NOTE Confidence: 0.762455511428571

 $00:10:20.600 \longrightarrow 00:10:23.078 \ 2/3$ of them are for benign disease.

NOTE Confidence: 0.762455511428571

 $00:10:23.080 \longrightarrow 00:10:24.468$ And although they're associated

NOTE Confidence: 0.762455511428571

00:10:24.468 --> 00:10:26.550 with an excellent outcomes in low

NOTE Confidence: 0.762455511428571

 $00:10:26.613 \longrightarrow 00:10:28.537$ complications and experienced hands,

NOTE Confidence: 0.762455511428571

 $00:10:28.540 \longrightarrow 00:10:30.352$ thyroidectomy still carries a

NOTE Confidence: 0.762455511428571

 $00:10:30.352 \longrightarrow 00:10:32.164$ significant risk of complications,

NOTE Confidence: 0.762455511428571

00:10:32.170 --> 00:10:33.943 although it's low,

NOTE Confidence: 0.762455511428571

 $00{:}10{:}33.943 \dashrightarrow 00{:}10{:}35.983$ most importantly including injury

NOTE Confidence: 0.762455511428571

 $00:10:35.983 \longrightarrow 00:10:37.298$ to the recurrent or superior.

NOTE Confidence: 0.762455511428571

 $00:10:37.300 \longrightarrow 00:10:39.118$ Imperial Erential nerve or in the

NOTE Confidence: 0.762455511428571

 $00:10:39.118 \longrightarrow 00:10:40.330$ cases of total thyroidectomy,

NOTE Confidence: 0.762455511428571

 $00:10:40.330 \longrightarrow 00:10:42.134$ the requirement of lifelong

NOTE Confidence: 0.762455511428571

 $00:10:42.134 \longrightarrow 00:10:43.487$ thyroid hormone supplementation

 $00:10:43.490 \longrightarrow 00:10:45.034$ even in thyroid lobectomy,

NOTE Confidence: 0.762455511428571 00:10:45.034 --> 00:10:45.806 you know, NOTE Confidence: 0.762455511428571

 $00:10:45.810 \longrightarrow 00:10:47.959$ we as thyroid surgeons often quote a

NOTE Confidence: 0.762455511428571

00:10:47.959 --> 00:10:50.236 a potential risk of lifelong thyroid

NOTE Confidence: 0.762455511428571

 $00:10:50.236 \dashrightarrow 00:10:53.121$ hormone supplementation of about 15% or so,

NOTE Confidence: 0.762455511428571

 $00{:}10{:}53.121 \dashrightarrow 00{:}10{:}55.056$ but the true reported incidence

NOTE Confidence: 0.762455511428571

 $00:10:55.056 \longrightarrow 00:10:57.267$ is probably more closer to 30%.

NOTE Confidence: 0.762455511428571

 $00{:}10{:}57.270 \dashrightarrow 00{:}10{:}58.884$ So that's not in significant and a

NOTE Confidence: 0.762455511428571

 $00:10:58.884 \longrightarrow 00:11:00.630$ lot of our colleagues in medical

NOTE Confidence: 0.762455511428571

 $00:11:00.630 \longrightarrow 00:11:02.170$ endocrinology can attest to that.

NOTE Confidence: 0.762455511428571

 $00:11:02.170 \longrightarrow 00:11:03.946$ And so even after a lobectomy,

NOTE Confidence: 0.762455511428571

 $00:11:03.950 \longrightarrow 00:11:05.917$ those patients are in need of some

NOTE Confidence: 0.762455511428571

 $00:11:05.917 \longrightarrow 00:11:07.940$ form of thyroid hormone replacement.

NOTE Confidence: 0.762455511428571

 $00:11:07.940 \longrightarrow 00:11:09.808$ Which is not insignificant.

NOTE Confidence: 0.762455511428571

 $00:11:09.808 \longrightarrow 00:11:12.143$ RFA ablation pretty much eliminates

00:11:12.143 --> 00:11:14.678 that risk when performed properly.

NOTE Confidence: 0.762455511428571

 $00{:}11{:}14.680 \dashrightarrow 00{:}11{:}16.740$ There's no requirement for thyroid

NOTE Confidence: 0.762455511428571

 $00:11:16.740 \longrightarrow 00:11:19.839$ hormone as long as the patients have

NOTE Confidence: 0.762455511428571

 $00:11:19.839 \longrightarrow 00:11:22.713$ been properly vetted for the procedure.

NOTE Confidence: 0.762455511428571

 $00:11:22.720 \longrightarrow 00:11:24.890$ So in the past couple of years,

NOTE Confidence: 0.762455511428571

 $00:11:24.890 \longrightarrow 00:11:26.576$ there's been a great enthusiasm for

NOTE Confidence: 0.762455511428571

00:11:26.576 --> 00:11:28.661 RFA in the United States and its

NOTE Confidence: 0.762455511428571

00:11:28.661 --> 00:11:30.171 potential role in the management

NOTE Confidence: 0.762455511428571

00:11:30.171 --> 00:11:32.368 of benign and in some cases for

NOTE Confidence: 0.762455511428571

00:11:32.368 --> 00:11:33.289 potentially malignant lesions

NOTE Confidence: 0.762455511428571

 $00:11:33.289 \longrightarrow 00:11:34.430$ of the thyroid gland.

NOTE Confidence: 0.798649910769231

 $00:11:36.840 \longrightarrow 00:11:39.843$ So the first RF ablation of a

NOTE Confidence: 0.798649910769231

00:11:39.843 --> 00:11:41.646 thyroid nodule actually occurred

NOTE Confidence: 0.798649910769231

00:11:41.646 --> 00:11:45.080 back in 2002 and Seoul, South Korea,

NOTE Confidence: 0.798649910769231

 $00:11:45.080 \longrightarrow 00:11:46.838$ and shortly after that the first

NOTE Confidence: 0.798649910769231

 $00:11:46.838 \longrightarrow 00:11:48.710$ case series was was reported by

 $00:11:48.710 \longrightarrow 00:11:50.760$ that group of researchers in 2006.

NOTE Confidence: 0.798649910769231

 $00:11:50.760 \longrightarrow 00:11:52.960$ After that, the Korean Korean

NOTE Confidence: 0.798649910769231

00:11:52.960 --> 00:11:54.720 Society of Thyroid Radiology,

NOTE Confidence: 0.798649910769231

00:11:54.720 --> 00:11:57.720 which is an organization of thyroid

NOTE Confidence: 0.798649910769231

 $00:11:57.720 \longrightarrow 00:11:59.516$ radiologists primarily involved in the

NOTE Confidence: 0.798649910769231

 $00:11:59.516 \longrightarrow 00:12:01.460$ diagnosis and management of thyroid nodules.

NOTE Confidence: 0.798649910769231

00:12:01.460 --> 00:12:03.664 They proposed some preliminary

NOTE Confidence: 0.798649910769231

 $00{:}12{:}03.664 \rightarrow 00{:}12{:}06.618$ recommendations for thyroid RFA in 2009.

NOTE Confidence: 0.798649910769231

00:12:06.618 --> 00:12:08.862 And this primarily focused on indications

NOTE Confidence: 0.798649910769231

 $00:12:08.862 \longrightarrow 00:12:11.130$ and efficacy and since that time

NOTE Confidence: 0.798649910769231

00:12:11.130 --> 00:12:12.945 their guidelines have been revised,

NOTE Confidence: 0.798649910769231

 $00:12:12.950 \longrightarrow 00:12:16.002$ first in 2012 and then again in 2017

NOTE Confidence: 0.798649910769231

 $00{:}12{:}16.002 \dashrightarrow 00{:}12{:}18.112$ based on newer evidence obtained

NOTE Confidence: 0.798649910769231

 $00:12:18.112 \longrightarrow 00:12:20.072$ from some clinical studies of

NOTE Confidence: 0.798649910769231

 $00:12:20.072 \longrightarrow 00:12:22.250$ RFA in patients with both benign

 $00:12:22.250 \longrightarrow 00:12:23.834$ and malignant thyroid disease.

NOTE Confidence: 0.798649910769231

00:12:23.840 --> 00:12:25.148 Shortly after that,

NOTE Confidence: 0.798649910769231

00:12:25.148 --> 00:12:26.892 our similar guidelines were

NOTE Confidence: 0.798649910769231

 $00:12:26.892 \longrightarrow 00:12:28.789$ developed in Europe in 2020.

NOTE Confidence: 0.786884358461538

 $00:12:31.110 \longrightarrow 00:12:33.903$ Right. So indications for thyroid RFA are

NOTE Confidence: 0.786884358461538

 $00:12:33.903 \longrightarrow 00:12:36.768$ largely for benign but symptomatic disease.

NOTE Confidence: 0.786884358461538

 $00:12:36.770 \longrightarrow 00:12:38.558$ So you know the majority of

NOTE Confidence: 0.786884358461538

 $00:12:38.558 \longrightarrow 00:12:39.750$ thyroid nodules are benign.

NOTE Confidence: 0.786884358461538

 $00{:}12{:}39.750 \dashrightarrow 00{:}12{:}42.210$ In general, some nodules can cause

NOTE Confidence: 0.786884358461538

 $00:12:42.210 \longrightarrow 00:12:44.416$ some cosmetic problems or pressure

NOTE Confidence: 0.786884358461538

 $00{:}12{:}44.416 \to 00{:}12{:}47.255$ symptoms that I described earlier, pain,

NOTE Confidence: 0.786884358461538

00:12:47.255 --> 00:12:49.180 dysphasia, foreign body sensation or

NOTE Confidence: 0.786884358461538

 $00:12:49.180 \longrightarrow 00:12:51.470$ some can be autonomously functioning.

NOTE Confidence: 0.786884358461538

00:12:51.470 --> 00:12:53.330 And in these cases radiofrequency

NOTE Confidence: 0.786884358461538

 $00:12:53.330 \longrightarrow 00:12:55.973$ ablation is a good technique that can

NOTE Confidence: 0.786884358461538

 $00:12:55.973 \longrightarrow 00:12:58.133$ improve the clinical problem by reducing

00:12:58.133 --> 00:13:00.687 the nodule size and in in management

NOTE Confidence: 0.786884358461538

 $00:13:00.687 \longrightarrow 00:13:02.457$ and assessment of these patients.

NOTE Confidence: 0.786884358461538

 $00:13:02.460 \longrightarrow 00:13:03.220$ Symptom scores,

NOTE Confidence: 0.786884358461538

00:13:03.220 --> 00:13:05.500 typically created by using a visual

NOTE Confidence: 0.786884358461538

 $00:13:05.500 \longrightarrow 00:13:07.570$ analog scale and a cosmetic score,

NOTE Confidence: 0.786884358461538

 $00{:}13{:}07.570 \dashrightarrow 00{:}13{:}09.148$ is measured by the treating physician,

NOTE Confidence: 0.786884358461538

00:13:09.150 --> 00:13:11.406 with a score ranging between one and four,

NOTE Confidence: 0.786884358461538

00:13:11.410 --> 00:13:13.075 one being no palpable mass

NOTE Confidence: 0.786884358461538

 $00{:}13{:}13.075 \dashrightarrow 00{:}13{:}15.345$ appreciated and four being a readily

NOTE Confidence: 0.786884358461538

 $00{:}13{:}15.345 \dashrightarrow 00{:}13{:}16.980$ detectable cosmetic concern.

NOTE Confidence: 0.71827982

 $00:13:19.450 \longrightarrow 00:13:22.117$ So prior to performing a thyroid RFA,

NOTE Confidence: 0.71827982

 $00:13:22.120 \longrightarrow 00:13:24.528$ thyroid nodule should be confirmed as benign

NOTE Confidence: 0.71827982

 $00{:}13{:}24.528 \dashrightarrow 00{:}13{:}27.158$ on at least two ultrasound guided F and

NOTE Confidence: 0.71827982

 $00:13:27.158 \longrightarrow 00:13:29.738$ a biopsies or one core needle biopsy 1.

NOTE Confidence: 0.71827982

 $00:13:29.740 \longrightarrow 00:13:32.113$ Caveat to that is that if the

 $00:13:32.113 \longrightarrow 00:13:33.130$ characteristics on ultrasound

NOTE Confidence: 0.71827982

00:13:33.193 --> 00:13:35.149 clearly look like a benign nodule,

NOTE Confidence: 0.71827982

00:13:35.150 --> 00:13:37.094 you can get by with just one F and

NOTE Confidence: 0.71827982

00:13:37.094 --> 00:13:39.180 a biopsy showing benign disease.

NOTE Confidence: 0.71827982

00:13:39.180 --> 00:13:41.708 The reason for the 2nd biopsy has largely

NOTE Confidence: 0.71827982

 $00{:}13{:}41.708 \dashrightarrow 00{:}13{:}44.215$ been because in cases of larger thyroid

NOTE Confidence: 0.71827982

00:13:44.215 --> 00:13:46.030 nodules greater than 3 centimeters,

NOTE Confidence: 0.71827982

 $00:13:46.030 \longrightarrow 00:13:48.310$ 3 or 4 centimeters, there's about a 10%.

NOTE Confidence: 0.71827982

 $00{:}13{:}48.310 \dashrightarrow 00{:}13{:}51.006$ This other false negative F and a biopsy.

NOTE Confidence: 0.71827982

 $00:13:51.010 \longrightarrow 00:13:53.154$ So we always like to have a second

NOTE Confidence: 0.71827982

 $00{:}13{:}53.154 \dashrightarrow 00{:}13{:}55.273$ biopsy to confirm that we truly

NOTE Confidence: 0.71827982

 $00:13:55.273 \longrightarrow 00:13:56.793$ dealing with benign disease.

NOTE Confidence: 0.71827982

00:13:56.800 --> 00:13:57.155 However,

NOTE Confidence: 0.71827982

 $00:13:57.155 \longrightarrow 00:13:59.640$ in the area of molecular molecular testing,

NOTE Confidence: 0.71827982

00:13:59.640 --> 00:14:01.740 there's now you know opportunity to

NOTE Confidence: 0.71827982

 $00:14:01.740 \longrightarrow 00:14:03.849$ kind of downgrade nodules even when

 $00:14:03.849 \longrightarrow 00:14:05.781$ they have an indeterminate look on

NOTE Confidence: 0.71827982

 $00{:}14{:}05.781 \dashrightarrow 00{:}14{:}07.888$ imaging and those patients can go on

NOTE Confidence: 0.71827982

 $00{:}14{:}07.888 \dashrightarrow 00{:}14{:}11.150$ to have RFA treatment as an option.

NOTE Confidence: 0.71827982

 $00:14:11.150 \longrightarrow 00:14:13.825$ Ultrasound examination is important to

NOTE Confidence: 0.71827982

 $00:14:13.825 \longrightarrow 00:14:15.970$ characterize the nodules or recurrent

NOTE Confidence: 0.71827982

 $00{:}14{:}15.970 \dashrightarrow 00{:}14{:}18.130$ cancers in some cases and to evaluate the

NOTE Confidence: 0.71827982

 $00:14:18.180 \longrightarrow 00:14:20.228$ surrounding critical anatomic structures.

NOTE Confidence: 0.71827982

 $00:14:20.230 \longrightarrow 00:14:22.804$ So you want to see the nodule in question,

NOTE Confidence: 0.71827982

 $00:14:22.810 \longrightarrow 00:14:24.166$ where is it proximity,

NOTE Confidence: 0.71827982

 $00:14:24.166 \longrightarrow 00:14:25.861$ proximity to the critical structures

NOTE Confidence: 0.71827982

 $00:14:25.861 \longrightarrow 00:14:26.950$ that we mentioned,

NOTE Confidence: 0.71827982

00:14:26.950 --> 00:14:28.126 the recurrent laryngeal nerve

NOTE Confidence: 0.71827982

 $00:14:28.126 \longrightarrow 00:14:29.008$ or the esophagus,

NOTE Confidence: 0.71827982

 $00:14:29.010 \longrightarrow 00:14:31.060$ and also how close it is to the surface of

NOTE Confidence: 0.71827982

 $00:14:31.118 \longrightarrow 00:14:33.029$ the actual thyroid capsule in the skin.

00:14:33.030 --> 00:14:34.752 Some people have very bulky necks

NOTE Confidence: 0.71827982

 $00:14:34.752 \longrightarrow 00:14:36.912$ and you have more leeway where others

NOTE Confidence: 0.71827982

00:14:36.912 --> 00:14:38.808 have very thin necks and there's

NOTE Confidence: 0.71827982

 $00:14:38.808 \longrightarrow 00:14:40.927$ not a lot of tissue separating the.

NOTE Confidence: 0.71827982

 $00:14:40.930 \longrightarrow 00:14:42.960$ Actual skin area from the thyroid lesion.

NOTE Confidence: 0.71827982

 $00:14:42.960 \longrightarrow 00:14:44.256$ That's important when you're using a,

NOTE Confidence: 0.71827982

 $00:14:44.260 \longrightarrow 00:14:46.540$ you know, heated probe.

NOTE Confidence: 0.71827982

00:14:46.540 --> 00:14:48.148 Laboratory tests are important

NOTE Confidence: 0.71827982

 $00{:}14{:}48.148 {\: -->\:} 00{:}14{:}50.158$ and usually include a CBC,

NOTE Confidence: 0.71827982

 $00:14:50.160 \longrightarrow 00:14:51.488$ blood coagulation battery and

NOTE Confidence: 0.71827982

 $00{:}14{:}51.488 \dashrightarrow 00{:}14{:}52.816$ some thyroid function testing.

NOTE Confidence: 0.794869386

 $00:14:56.210 \longrightarrow 00:14:59.258$ So on ultrasound, some benign features

NOTE Confidence: 0.794869386

00:14:59.258 --> 00:15:01.290 are typical hyper echogenicity,

NOTE Confidence: 0.794869386

 $00:15:01.290 \longrightarrow 00:15:02.914$ so looking a little bit more Gray

NOTE Confidence: 0.794869386

 $00:15:02.914 \longrightarrow 00:15:04.090$ than the surrounding structure,

NOTE Confidence: 0.794869386

 $00:15:04.090 \longrightarrow 00:15:06.350$ hypervascularity or a lack of

00:15:06.350 --> 00:15:08.610 vascularity to the thyroid nodule,

NOTE Confidence: 0.794869386

00:15:08.610 --> 00:15:10.520 macro calcification, so larger than

NOTE Confidence: 0.794869386

 $00:15:10.520 \longrightarrow 00:15:12.430$ 3 millimeters and smooth borders.

NOTE Confidence: 0.794869386

 $00:15:12.430 \longrightarrow 00:15:14.455$ And if the nodules have

NOTE Confidence: 0.794869386

00:15:14.455 --> 00:15:15.670 these these characteristics,

NOTE Confidence: 0.794869386

 $00:15:15.670 \longrightarrow 00:15:18.764$ then 1F and a biopsy is reasonable.

NOTE Confidence: 0.794869386

 $00:15:18.770 \longrightarrow 00:15:20.745$ Whereas some concerning features on

NOTE Confidence: 0.794869386

 $00:15:20.745 \longrightarrow 00:15:23.310$ thyroid ultrasound would be the opposite.

NOTE Confidence: 0.794869386

 $00{:}15{:}23.310 \dashrightarrow 00{:}15{:}25.695$ Hypo echogenicity, hypervascularity.

NOTE Confidence: 0.794869386

 $00:15:25.695 \longrightarrow 00:15:28.875$ Microcalcifications or irregular borders?

NOTE Confidence: 0.6917266075

00:15:32.150 --> 00:15:34.255 After RFA for non functioning

NOTE Confidence: 0.6917266075

00:15:34.255 --> 00:15:35.518 benign thyroid nodules,

NOTE Confidence: 0.6917266075

 $00{:}15{:}35.520 \dashrightarrow 00{:}15{:}37.984$ again you want to look at the clinical

NOTE Confidence: 0.6917266075

 $00:15:37.984 \longrightarrow 00:15:39.710$ laboratory and imaging checklist.

NOTE Confidence: 0.6917266075

00:15:39.710 --> 00:15:41.444 RF should be terminated when the

 $00:15:41.444 \longrightarrow 00:15:43.261$ entire area of the nodule becomes

NOTE Confidence: 0.6917266075

00:15:43.261 --> 00:15:45.361 a transient hyper coag zone of grey

NOTE Confidence: 0.6917266075

 $00{:}15{:}45{.}361 \dashrightarrow 00{:}15{:}47{.}357$ on grayscale ultrasound and then

NOTE Confidence: 0.6917266075

 $00:15:47.357 \longrightarrow 00:15:49.397$ grayscale ultrasound and dot color

NOTE Confidence: 0.6917266075

00:15:49.397 --> 00:15:51.826 Doppler should be used to identify any

NOTE Confidence: 0.6917266075

 $00:15:51.826 \longrightarrow 00:15:53.510$ remaining vascularity to the lesion

NOTE Confidence: 0.6917266075

 $00:15:53.510 \longrightarrow 00:15:55.463$ so that you can continue to perform

NOTE Confidence: 0.6917266075

00:15:55.463 --> 00:15:57.450 RFA to ensure the best outcome.

NOTE Confidence: 0.6917266075

 $00{:}15{:}57.450 \dashrightarrow 00{:}15{:}59.268$ After RFA the nodule related symptom

NOTE Confidence: 0.6917266075

00:15:59.268 --> 00:16:01.070 score again you know neck pain,

NOTE Confidence: 0.6917266075

 $00:16:01.070 \longrightarrow 00:16:02.519$ dysphasia foreign body.

NOTE Confidence: 0.6917266075

00:16:02.519 --> 00:16:04.598 Sensation is assessed, you know,

NOTE Confidence: 0.6917266075

 $00:16:04.598 \longrightarrow 00:16:06.482$ reported by the patient and the

NOTE Confidence: 0.6917266075

 $00{:}16{:}06.482 {\:{\circ}{\circ}{\circ}}>00{:}16{:}08.218$ cosmetic score reported by the

NOTE Confidence: 0.6917266075

 $00:16:08.218 \longrightarrow 00:16:10.222$ physician to evaluate the effectiveness

NOTE Confidence: 0.6917266075

 $00:16:10.222 \longrightarrow 00:16:11.874$ of that RFA therapy.

00:16:11.880 --> 00:16:13.672 Following RFA of autonomously

NOTE Confidence: 0.6917266075

00:16:13.672 --> 00:16:15.016 functioning thyroid nodules,

NOTE Confidence: 0.6917266075

 $00:16:15.020 \longrightarrow 00:16:17.312$ thyroid function should be monitored by

NOTE Confidence: 0.6917266075

 $00:16:17.312 \longrightarrow 00:16:19.915$ measurement of the TSH T3 and free T4

NOTE Confidence: 0.6917266075

 $00:16:19.915 \dashrightarrow 00:16:22.977$ at each follow up and based on TSH changes,

NOTE Confidence: 0.6917266075

 $00:16:22.980 \longrightarrow 00:16:23.916$ antithyroid medication

NOTE Confidence: 0.6917266075

 $00:16:23.916 \longrightarrow 00:16:26.256$ can be reduced or stopped.

NOTE Confidence: 0.6917266075

 $00:16:26.260 \longrightarrow 00:16:28.414$ The therapeutic response of the patient

NOTE Confidence: 0.6917266075

 $00{:}16{:}28.414 \dashrightarrow 00{:}16{:}30.651$ depends on their initial drug dosage

NOTE Confidence: 0.6917266075

 $00:16:30.651 \longrightarrow 00:16:32.501$ required and is typically classified

NOTE Confidence: 0.6917266075

00:16:32.501 --> 00:16:34.722 into 3 categories for autonomous

NOTE Confidence: 0.6917266075

 $00:16:34.722 \longrightarrow 00:16:36.818$ autonomously functioning thyroid nodules.

NOTE Confidence: 0.6917266075

 $00{:}16{:}36.820 \dashrightarrow 00{:}16{:}38.385$ So a complete response means

NOTE Confidence: 0.6917266075

 $00:16:38.385 \longrightarrow 00:16:39.637$ that after this treatment,

NOTE Confidence: 0.6917266075 00:16:39.640 --> 00:16:39.926 usually,

 $00:16:39.926 \longrightarrow 00:16:42.214$ you know two to four months afterwards that

NOTE Confidence: 0.6917266075

00:16:42.214 --> 00:16:44.129 patient is no longer on any anti thyroid.

NOTE Confidence: 0.6917266075

 $00:16:44.130 \longrightarrow 00:16:44.477$ Medication.

NOTE Confidence: 0.6917266075

00:16:44.477 --> 00:16:46.559 A partial response is that that

NOTE Confidence: 0.6917266075

00:16:46.559 --> 00:16:48.043 patient still requires some

NOTE Confidence: 0.6917266075

 $00:16:48.043 \longrightarrow 00:16:49.189$ anti thyroid medication,

NOTE Confidence: 0.6917266075

 $00{:}16{:}49.190 \dashrightarrow 00{:}16{:}50.820$ but it's significantly reduced and

NOTE Confidence: 0.6917266075

 $00:16:50.820 \longrightarrow 00:16:52.905$ then no response as the patient

NOTE Confidence: 0.6917266075

 $00{:}16{:}52.905 \dashrightarrow 00{:}16{:}54.875$ is still deemed hyperthyroid and

NOTE Confidence: 0.6917266075

 $00:16:54.875 \longrightarrow 00:16:55.582$ requires medication.

NOTE Confidence: 0.6917266075

00:16:55.582 --> 00:16:57.766 And in those cases they get pushed

NOTE Confidence: 0.6917266075

 $00:16:57.766 \longrightarrow 00:16:59.830$ on to a further intervention,

NOTE Confidence: 0.6917266075

 $00{:}16{:}59.830 \dashrightarrow 00{:}17{:}02.021$ whether that be a second RFA treatment

NOTE Confidence: 0.6917266075

00:17:02.021 --> 00:17:03.855 or more definitive treatment with

NOTE Confidence: 0.6917266075

 $00:17:03.855 \longrightarrow 00:17:05.935$ radioactive iodine therapy or surgery.

NOTE Confidence: 0.798456865

00:17:08.700 --> 00:17:11.160 On the ultrasound examination post procedure,

00:17:11.160 --> 00:17:13.059 you want to look for changes in size of

NOTE Confidence: 0.798456865

00:17:13.059 --> 00:17:15.036 the nodule or the volume of the nodule,

NOTE Confidence: 0.798456865

 $00:17:15.040 \longrightarrow 00:17:17.375$ intranodal vascularity and echogenicity I

NOTE Confidence: 0.798456865

 $00:17:17.375 \longrightarrow 00:17:20.714$ am and if the thyroid function symptoms

NOTE Confidence: 0.798456865

 $00:17:20.714 \longrightarrow 00:17:22.718$ are incompletely resolved again you know

NOTE Confidence: 0.798456865

 $00:17:22.718 \longrightarrow 00:17:25.140$ repeat RFA or another treatment such as

NOTE Confidence: 0.798456865

00:17:25.140 --> 00:17:27.180 medication or surgery may be required.

NOTE Confidence: 0.798456865

 $00{:}17{:}27.180 \to 00{:}17{:}29.172$ You also want to look at the thyroid

NOTE Confidence: 0.798456865

00:17:29.172 --> 00:17:30.632 function of non functioning thyroid

NOTE Confidence: 0.798456865

 $00:17:30.632 \longrightarrow 00:17:32.739$ nodules as well too because one of

NOTE Confidence: 0.798456865

 $00:17:32.799 \longrightarrow 00:17:34.515$ the great benefits that is being

NOTE Confidence: 0.798456865

 $00:17:34.515 \longrightarrow 00:17:36.344$ reported is that these patients do

NOTE Confidence: 0.798456865

 $00{:}17{:}36.344 \dashrightarrow 00{:}17{:}38.054$ not end up being hypothyroid.

NOTE Confidence: 0.798456865

 $00:17:38.060 \longrightarrow 00:17:39.092$ After these interventions,

NOTE Confidence: 0.798456865

 $00:17:39.092 \longrightarrow 00:17:40.468$ unlike fairy lobectomy where

00:17:40.468 --> 00:17:42.319 they may end up hypothyroid,

NOTE Confidence: 0.798456865

 $00{:}17{:}42.320 \dashrightarrow 00{:}17{:}43.958$ so if a patient has normal thyroid

NOTE Confidence: 0.798456865

00:17:43.958 --> 00:17:45.170 function pre RFA procedure,

NOTE Confidence: 0.798456865

 $00:17:45.170 \longrightarrow 00:17:46.580$ they should also have a preservation

NOTE Confidence: 0.798456865

 $00:17:46.580 \longrightarrow 00:17:48.249$ of that youth thyroid state afterwards.

NOTE Confidence: 0.798456865

 $00:17:48.250 \longrightarrow 00:17:50.469$ So it's important to check a TSH.

NOTE Confidence: 0.798456865

 $00:17:50.470 \longrightarrow 00:17:51.890$ And along those lines too,

NOTE Confidence: 0.798456865

 $00:17:51.890 \longrightarrow 00:17:53.570$ if there's any concern that that

NOTE Confidence: 0.798456865

 $00{:}17{:}53.570 \dashrightarrow 00{:}17{:}55.110$ patient may have autoimmune disease,

NOTE Confidence: 0.798456865

 $00:17:55.110 \longrightarrow 00:17:56.855$ that should be further investigated

NOTE Confidence: 0.798456865

 $00{:}17{:}56.855 \dashrightarrow 00{:}17{:}58.991$ pre procedure with a check for

NOTE Confidence: 0.798456865

00:17:58.991 --> 00:18:00.651 thyroglobulin or antibody levels to

NOTE Confidence: 0.798456865

 $00:18:00.651 \longrightarrow 00:18:02.805$ see if that patient actually has

NOTE Confidence: 0.798456865

00:18:02.805 --> 00:18:04.720 autoimmune disease of the thyroid

NOTE Confidence: 0.798456865

00:18:04.720 --> 00:18:06.958 gland because they're at a higher risk

NOTE Confidence: 0.798456865

 $00{:}18{:}06.958 \dashrightarrow 00{:}18{:}08.318$ of requiring thy roid hormone after.

 $00:18:08.320 \longrightarrow 00:18:10.630$ Any intervention, including surgery and RFA.

NOTE Confidence: 0.804621731666667

00:18:14.580 --> 00:18:16.536 I think I may have skipped.

NOTE Confidence: 0.83014101

 $00:18:21.330 \longrightarrow 00:18:22.570$ OK, here we go.

NOTE Confidence: 0.83014101

 $00:18:22.570 \longrightarrow 00:18:24.430$ So in terms of the management

NOTE Confidence: 0.83014101

00:18:24.501 --> 00:18:27.026 of cystic thyroid nodules or

NOTE Confidence: 0.83014101

00:18:27.026 --> 00:18:29.046 predominantly cystic thyroid nodules,

NOTE Confidence: 0.83014101

 $00:18:29.050 \longrightarrow 00:18:30.765$ these nodules are amenable to

NOTE Confidence: 0.83014101

 $00:18:30.765 \longrightarrow 00:18:32.480$ ethanol ablation and it's been

NOTE Confidence: 0.83014101

00:18:32.541 --> 00:18:34.226 proven to be extremely effective

NOTE Confidence: 0.83014101

 $00:18:34.226 \longrightarrow 00:18:36.890$ in the treatment of cystic thyroid nodules.

NOTE Confidence: 0.83014101

 $00:18:36.890 \longrightarrow 00:18:38.738$ Beck at all back in 2015 carried

NOTE Confidence: 0.83014101

 $00{:}18{:}38.738 \dashrightarrow 00{:}18{:}40.290$ out a single blind randomized

NOTE Confidence: 0.83014101

 $00{:}18{:}40.290 \dashrightarrow 00{:}18{:}42.372$ trial to compare the efficacy of

NOTE Confidence: 0.83014101

00:18:42.372 --> 00:18:44.235 RA versus ethanol ablation and

NOTE Confidence: 0.83014101

 $00:18:44.235 \longrightarrow 00:18:46.455$ the treatment of these cystic or

00:18:46.455 --> 00:18:49.494 primarily cystic nodules and inclusion

NOTE Confidence: 0.83014101

 $00{:}18{:}49.494 \dashrightarrow 00{:}18{:}51.340$ criteria included patients with

NOTE Confidence: 0.83014101

 $00{:}18{:}51.340 \dashrightarrow 00{:}18{:}52.870$ thyroid nodules that were at least.

NOTE Confidence: 0.83014101

 $00:18:52.870 \longrightarrow 00:18:55.919$ 50% and no more than 90% cystic who had

NOTE Confidence: 0.83014101

 $00:18:55.919 \longrightarrow 00:18:58.184$ compressive symptoms from these nodules.

NOTE Confidence: 0.83014101

 $00:18:58.190 \longrightarrow 00:18:59.702$ Benign cytology was confirmed with F

NOTE Confidence: 0.83014101

00:18:59.702 --> 00:19:01.849 and a biopsy or corneal biopsy and

NOTE Confidence: 0.83014101

 $00:19:01.849 \longrightarrow 00:19:03.664$ normal thyroid function was demonstrated.

NOTE Confidence: 0.83014101

00:19:03.670 --> 00:19:04.177 Biochemically,

NOTE Confidence: 0.83014101

 $00:19:04.177 \longrightarrow 00:19:06.712$ the mean volume reduction reported

NOTE Confidence: 0.83014101

 $00{:}19{:}06.712 \dashrightarrow 00{:}19{:}09.730$ was around 87% for RA and 82%

NOTE Confidence: 0.83014101

 $00:19:09.730 \longrightarrow 00:19:11.164$ for ethanol ablation,

NOTE Confidence: 0.83014101

 $00:19:11.164 \longrightarrow 00:19:13.076$ indicating no significant difference

NOTE Confidence: 0.83014101

 $00:19:13.076 \longrightarrow 00:19:15.290$ between the two techniques.

NOTE Confidence: 0.83014101

00:19:15.290 --> 00:19:17.500 And regarding the secondary outcomes,

NOTE Confidence: 0.83014101

 $00:19:17.500 \longrightarrow 00:19:19.560$ the rapeutic success means symptom and

 $00:19:19.560 \dashrightarrow 00:19:22.350$ cosmetic scores also showed no difference.

NOTE Confidence: 0.83014101

 $00{:}19{:}22.350 \to 00{:}19{:}24.144$ There also were no major complications

NOTE Confidence: 0.83014101

 $00:19:24.144 \longrightarrow 00:19:26.372$ in either group and so these authors

NOTE Confidence: 0.83014101

 $00:19:26.372 \longrightarrow 00:19:27.672$ concluded that the therapeutic

NOTE Confidence: 0.83014101

 $00:19:27.672 \longrightarrow 00:19:28.647$ efficacy of RA.

NOTE Confidence: 0.83014101

 $00:19:28.650 \longrightarrow 00:19:30.547$ Is not superior to that of ethanol

NOTE Confidence: 0.83014101

 $00:19:30.547 \longrightarrow 00:19:32.391$ ablation and so that ethanol ablation

NOTE Confidence: 0.83014101

 $00:19:32.391 \longrightarrow 00:19:34.666$ might be more preferable as first line

NOTE Confidence: 0.83014101

00:19:34.724 --> 00:19:36.429 treatment for cystic or primarily

NOTE Confidence: 0.83014101

00:19:36.429 --> 00:19:38.384 cystic thyroid nodules due to the

NOTE Confidence: 0.83014101

 $00{:}19{:}38.384 \dashrightarrow 00{:}19{:}40.092$ ease of the technique and the low

NOTE Confidence: 0.83014101

 $00{:}19{:}40.092 \dashrightarrow 00{:}19{:}41.650$ lower cost of ethanol ablation.

NOTE Confidence: 0.776148407

 $00:19:45.760 \longrightarrow 00:19:48.378$ A prospective study out of Italy evaluated

NOTE Confidence: 0.776148407

 $00:19:48.378 \dashrightarrow 00:19:51.443$ the safety and efficacy of RF in the

NOTE Confidence: 0.776148407

 $00:19:51.443 \longrightarrow 00:19:53.313$ treatment of solid thyroid nodules.

 $00:19:53.320 \longrightarrow 00:19:56.456$ In this study, there were 84 patients who

NOTE Confidence: 0.776148407

 $00:19:56.456 \longrightarrow 00:19:58.759$ with symptomatic and cytologically benign

NOTE Confidence: 0.776148407

 $00:19:58.759 \longrightarrow 00:20:01.164$ solid nodules were randomly assigned

NOTE Confidence: 0.776148407

 $00{:}20{:}01.164 \dashrightarrow 00{:}20{:}04.221$ to either a single Rs RA session for

NOTE Confidence: 0.776148407

 $00:20:04.221 \longrightarrow 00:20:06.516$ Group A or surveillance for Group B.

NOTE Confidence: 0.776148407

 $00:20:06.516 \longrightarrow 00:20:08.700$ And again inclusion criteria was a solid

NOTE Confidence: 0.776148407

 $00:20:08.767 \longrightarrow 00:20:10.682$ thyroid nodule or predominantly solid

NOTE Confidence: 0.776148407

00:20:10.682 --> 00:20:13.408 with meeting less than that 30% fluid

NOTE Confidence: 0.776148407

 $00{:}20{:}13.408 \dashrightarrow 00{:}20{:}15.680$ component normal thyroid function.

NOTE Confidence: 0.776148407

 $00:20:15.680 \longrightarrow 00:20:17.360$ No evidence of autoimmune disease and

NOTE Confidence: 0.776148407

 $00{:}20{:}17.360 \dashrightarrow 00{:}20{:}18.970$ no previous thyroid gland treatment,

NOTE Confidence: 0.776148407

 $00:20:18.970 \longrightarrow 00:20:20.167$ surgery or otherwise.

NOTE Confidence: 0.776148407

 $00:20:20.167 \longrightarrow 00:20:22.561$ 3 subgroups were formed according to

NOTE Confidence: 0.776148407

 $00:20:22.561 \longrightarrow 00:20:25.089$ the baseline volumes of the nodules,

NOTE Confidence: 0.776148407

 $00:20:25.090 \longrightarrow 00:20:27.498$ so a small nodule was considered to be

NOTE Confidence: 0.776148407

 $00:20:27.498 \longrightarrow 00:20:29.967$ a volume of less than 12 milliliters.

 $00:20:29.970 \longrightarrow 00:20:32.427$ A large nodule was considered to be

NOTE Confidence: 0.776148407

 $00{:}20{:}32.427 \to 00{:}20{:}35.269$ greater than 30 milliliters in in volume,

NOTE Confidence: 0.776148407

00:20:35.270 --> 00:20:37.105 and intermediate was in between

NOTE Confidence: 0.776148407

 $00:20:37.105 \longrightarrow 00:20:38.206$ those two parameters.

NOTE Confidence: 0.776148407

 $00{:}20{:}38.210 \rightarrow 00{:}20{:}41.296$ And then the RFA group they RA

NOTE Confidence: 0.776148407

 $00:20:41.296 \longrightarrow 00:20:43.054$ was performed in a single session

NOTE Confidence: 0.776148407

 $00:20:43.054 \longrightarrow 00:20:44.970$ using the moving shot technique.

NOTE Confidence: 0.776148407

 $00:20:44.970 \longrightarrow 00:20:46.925$ The volume and local symptom

NOTE Confidence: 0.776148407

00:20:46.925 --> 00:20:49.342 changes were evaluated at one and

NOTE Confidence: 0.776148407

 $00{:}20{:}49.342 \dashrightarrow 00{:}20{:}51.307$ six months after the procedure.

NOTE Confidence: 0.776148407

00:20:51.310 --> 00:20:53.038 So in Group A,

NOTE Confidence: 0.776148407

 $00{:}20{:}53.038 \dashrightarrow 00{:}20{:}55.198$ the volume decreased from 24

NOTE Confidence: 0.776148407

 $00{:}20{:}55.198 \rightarrow 00{:}20{:}57.385$ milliliters to 9.5 at six months post

NOTE Confidence: 0.776148407

 $00:20:57.385 \longrightarrow 00:20:59.335$ RFA and the greatest volume reduction

NOTE Confidence: 0.776148407

 $00:20:59.335 \longrightarrow 00:21:01.567$ was found in the smaller nodules,

 $00:21:01.570 \longrightarrow 00:21:04.265$ those being 12 million milliliters in volume.

NOTE Confidence: 0.776148407

 $00{:}21{:}04.270 \dashrightarrow 00{:}21{:}05.870$ The pressure symptom score improved

NOTE Confidence: 0.776148407

 $00:21:05.870 \longrightarrow 00:21:07.470$ significantly only for the medium

NOTE Confidence: 0.776148407

 $00:21:07.519 \longrightarrow 00:21:09.217$ and large nodules and that's largely

NOTE Confidence: 0.776148407

00:21:09.217 --> 00:21:11.009 because they were larger and large

NOTE Confidence: 0.776148407

00:21:11.009 --> 00:21:12.539 enough to cause compressive symptoms

NOTE Confidence: 0.776148407

 $00{:}21{:}12.539 \dashrightarrow 00{:}21{:}13.826$ or more significant compressive

NOTE Confidence: 0.776148407

00:21:13.826 --> 00:21:15.290 symptoms in those patients,

NOTE Confidence: 0.776148407

 $00{:}21{:}15.290 \dashrightarrow 00{:}21{:}17.595$ whereas the cosmetic score improved

NOTE Confidence: 0.776148407

00:21:17.595 --> 00:21:20.569 in all treated patients in Group B,

NOTE Confidence: 0.776148407

 $00:21:20.570 \longrightarrow 00:21:21.914$ the surveillance group.

NOTE Confidence: 0.776148407

00:21:21.914 --> 00:21:24.154 The nodule volume remained unchanged,

NOTE Confidence: 0.776148407

 $00:21:24.160 \longrightarrow 00:21:25.938$ but the symptoms go are worsened at

NOTE Confidence: 0.776148407

 $00:21:25.938 \longrightarrow 00:21:27.900$ the six month time point evaluation.

NOTE Confidence: 0.776148407

00:21:27.900 --> 00:21:30.336 And in terms of any complications,

NOTE Confidence: 0.776148407

 $00:21:30.340 \longrightarrow 00:21:33.620$ there's only one patient who

 $00:21:33.620 \longrightarrow 00:21:35.750$ experienced vocal cord palsy due to

NOTE Confidence: 0.776148407

 $00{:}21{:}35.750 \dashrightarrow 00{:}21{:}37.220$ a recurrent laryngeal nerve injury.

NOTE Confidence: 0.860600385

 $00:21:40.650 \longrightarrow 00:21:43.194$ So in terms of longer term

NOTE Confidence: 0.860600385

00:21:43.194 --> 00:21:44.890 efficacy of RFA treatment,

NOTE Confidence: 0.860600385

 $00:21:44.890 \longrightarrow 00:21:46.890$ results still remain favorable.

NOTE Confidence: 0.860600385

 $00:21:46.890 \longrightarrow 00:21:49.890$ Deandrea and his group evaluated a

NOTE Confidence: 0.860600385

 $00:21:49.968 \longrightarrow 00:21:52.058$ cohort of 215 patients who underwent

NOTE Confidence: 0.860600385

 $00{:}21{:}52.058 \dashrightarrow 00{:}21{:}53.818$ single session RFA for benign

NOTE Confidence: 0.860600385

00:21:53.818 --> 00:21:55.405 thyroid nodules and then followed

NOTE Confidence: 0.860600385

 $00{:}21{:}55.405 \dashrightarrow 00{:}21{:}57.532$ them for at least three years post

NOTE Confidence: 0.860600385

 $00{:}21{:}57.532 \dashrightarrow 00{:}21{:}59.102$ procedure and they found significant

NOTE Confidence: 0.860600385

 $00{:}21{:}59.102 \dashrightarrow 00{:}22{:}00.908$ shrinkage of the nodules throughout

NOTE Confidence: 0.860600385

 $00{:}22{:}00.908 \dashrightarrow 00{:}22{:}02.404$ the entire observational period.

NOTE Confidence: 0.860600385

 $00:22:02.410 \longrightarrow 00:22:04.330$ And in particular the medium volume

NOTE Confidence: 0.860600385

 $00:22:04.330 \longrightarrow 00:22:06.032$ observed over six months after

00:22:06.032 --> 00:22:07.480 the procedure was significantly

NOTE Confidence: 0.860600385

 $00:22:07.480 \longrightarrow 00:22:08.928$ lower than at baseline.

NOTE Confidence: 0.860600385

00:22:08.930 --> 00:22:09.758 Progressive volume reduction

NOTE Confidence: 0.860600385

 $00:22:09.758 \longrightarrow 00:22:11.414$ was also seen at the one.

NOTE Confidence: 0.860600385

00:22:11.420 --> 00:22:13.904 Two year follow-up time points and

NOTE Confidence: 0.860600385

 $00:22:13.904 \longrightarrow 00:22:16.081$ also compressive symptoms and cosmetic

NOTE Confidence: 0.860600385

 $00:22:16.081 \longrightarrow 00:22:18.799$ concerns improved after the RFA therapy.

NOTE Confidence: 0.860600385

 $00:22:18.800 \longrightarrow 00:22:20.535$ There was a significant reduction

NOTE Confidence: 0.860600385

 $00{:}22{:}20.535 \to 00{:}22{:}22.643$ in compressive symptoms at one year

NOTE Confidence: 0.860600385

00:22:22.643 --> 00:22:24.188 post procedure and this remains

NOTE Confidence: 0.860600385

00:22:24.188 --> 00:22:26.192 stable at five years and similarly

NOTE Confidence: 0.860600385

00:22:26.192 --> 00:22:27.957 COSMESIS was improved and remained

NOTE Confidence: 0.860600385

 $00{:}22{:}27.957 \dashrightarrow 00{:}22{:}30.046$ stable over that same time period.

NOTE Confidence: 0.860600385

 $00{:}22{:}30.046 \dashrightarrow 00{:}22{:}31.756$ No major complications occurred in

NOTE Confidence: 0.860600385

 $00:22:31.756 \longrightarrow 00:22:33.882$ the treatment group and the authors

NOTE Confidence: 0.860600385

 $00{:}22{:}33.882 \dashrightarrow 00{:}22{:}35.617$ concluded that reliable and durable

00:22:35.617 --> 00:22:37.705 shrinkage of the benign non functioning

NOTE Confidence: 0.860600385

00:22:37.705 --> 00:22:39.390 thyroid nodules with improvement of

NOTE Confidence: 0.860600385

00:22:39.390 --> 00:22:41.646 subjective symptoms can be obtained with.

NOTE Confidence: 0.860600385

 $00:22:41.650 \longrightarrow 00:22:42.860$ Radiofrequency ablation.

NOTE Confidence: 0.800780685714286

 $00:22:45.820 \longrightarrow 00:22:47.810$ Now functional thyroid nodules are

NOTE Confidence: 0.800780685714286

 $00:22:47.810 \longrightarrow 00:22:50.623$ a little bit more difficult to treat

NOTE Confidence: 0.800780685714286

00:22:50.623 --> 00:22:52.513 whether it's surgery or medication

NOTE Confidence: 0.800780685714286

 $00:22:52.513 \longrightarrow 00:22:54.620$ or non surgical interventions,

NOTE Confidence: 0.800780685714286

 $00:22:54.620 \longrightarrow 00:22:56.660$ but they can also be targeted

NOTE Confidence: 0.800780685714286

 $00:22:56.660 \longrightarrow 00:22:57.680$ with radiofrequency ablation.

NOTE Confidence: 0.800780685714286

 $00:22:57.680 \longrightarrow 00:23:00.158$ It should be noted though that resolution

NOTE Confidence: 0.800780685714286

 $00{:}23{:}00.158 \dashrightarrow 00{:}23{:}02.147$ of hyperthyroidism is less predictable

NOTE Confidence: 0.800780685714286

 $00{:}23{:}02.147 \dashrightarrow 00{:}23{:}04.312$ than after radioactive iodine the rapy

NOTE Confidence: 0.800780685714286

 $00{:}23{:}04.312 \dashrightarrow 00{:}23{:}06.120$ for hyperthyroidism or surgery.

NOTE Confidence: 0.800780685714286

 $00:23:06.120 \longrightarrow 00:23:07.855$ And so reported success rates

 $00:23:07.855 \longrightarrow 00:23:09.590$ of RFA are very variable,

NOTE Confidence: 0.800780685714286

 $00:23:09.590 \longrightarrow 00:23:11.516$ ranging from anywhere from 24 to

NOTE Confidence: 0.800780685714286

 $00:23:11.520 \longrightarrow 00:23:13.806$ 72% because the efficacy is is

NOTE Confidence: 0.800780685714286

 $00:23:13.806 \longrightarrow 00:23:15.870$ associated with the nodule volume.

NOTE Confidence: 0.800780685714286

 $00:23:15.870 \longrightarrow 00:23:18.062$ Reduction of 80% or greater RFA is best

NOTE Confidence: 0.800780685714286

00:23:18.062 --> 00:23:20.208 suited for patients with small nodules,

NOTE Confidence: 0.800780685714286

 $00:23:20.210 \longrightarrow 00:23:21.650$ so those that are three centimeters

NOTE Confidence: 0.800780685714286

 $00:23:21.650 \longrightarrow 00:23:23.586$ or less and a single autonomously

NOTE Confidence: 0.800780685714286

00:23:23.586 --> 00:23:24.969 functioning thyroid nodule,

NOTE Confidence: 0.800780685714286

 $00:23:24.970 \longrightarrow 00:23:26.780$ as opposed to toxic multinodular

NOTE Confidence: 0.800780685714286

 $00{:}23{:}26.780 {\:{\circ}{\circ}{\circ}\:} > 00{:}23{:}28.712$ goiter or Graves' disease center.

NOTE Confidence: 0.800780685714286

 $00:23:28.712 \longrightarrow 00:23:31.238$ Graphy is also recommended to confirm

NOTE Confidence: 0.800780685714286

 $00:23:31.238 \longrightarrow 00:23:33.228$ the presence of an autonomous,

NOTE Confidence: 0.800780685714286

00:23:33.230 --> 00:23:34.664 autonomously functioning nodule

NOTE Confidence: 0.800780685714286

 $00:23:34.664 \longrightarrow 00:23:36.576$ as opposed to graves,

NOTE Confidence: 0.800780685714286

 $00:23:36.580 \longrightarrow 00:23:39.540$ disease or toxic multinational goiter.

 $00:23:39.540 \longrightarrow 00:23:41.412$ T3 and T4 should be measured whenever the

NOTE Confidence: 0.800780685714286

00:23:41.412 --> 00:23:43.206 TSH falls outside of the normal range,

NOTE Confidence: 0.800780685714286

 $00:23:43.210 \longrightarrow 00:23:44.806$ so sometimes there's

NOTE Confidence: 0.800780685714286

00:23:44.806 --> 00:23:45.870 subclinical hyperthyroidism.

NOTE Confidence: 0.800780685714286

 $00:23:45.870 \longrightarrow 00:23:47.977$ That can be picked up by measuring

NOTE Confidence: 0.800780685714286

 $00:23:47.977 \longrightarrow 00:23:50.039$ all three of those parameters.

NOTE Confidence: 0.800780685714286

 $00:23:50.040 \longrightarrow 00:23:52.135$ The prevalence of these autonomously

NOTE Confidence: 0.800780685714286

 $00{:}23{:}52.135 \dashrightarrow 00{:}23{:}54.230$ functioning nodules varies according to

NOTE Confidence: 0.800780685714286

 $00:23:54.293 \longrightarrow 00:23:56.147$ the geographical area and the amount

NOTE Confidence: 0.800780685714286

00:23:56.147 --> 00:23:58.160 of iodine intake in that country.

NOTE Confidence: 0.800780685714286

00:23:58.160 --> 00:23:59.480 But in the general population,

NOTE Confidence: 0.800780685714286

 $00:23:59.480 \longrightarrow 00:24:01.190$ it's estimated that the prevalence

NOTE Confidence: 0.800780685714286

 $00:24:01.190 \longrightarrow 00:24:03.400$ ranges from 2 1/2 to 4 1/2%,

NOTE Confidence: 0.800780685714286

 $00:24:03.400 \longrightarrow 00:24:05.100$ and surgery and radioactive iodine

NOTE Confidence: 0.800780685714286

00:24:05.100 --> 00:24:06.460 therapy represent the standard

 $00:24:06.460 \longrightarrow 00:24:08.057$ of care for this condition.

NOTE Confidence: 0.800780685714286 00:24:08.060 --> 00:24:08.945 So, so far, NOTE Confidence: 0.800780685714286

 $00:24:08.945 \longrightarrow 00:24:10.420$ the literature shows that RFA

NOTE Confidence: 0.800780685714286

 $00:24:10.420 \longrightarrow 00:24:11.334$ normalizes thyroid function

NOTE Confidence: 0.800780685714286

 $00:24:11.334 \longrightarrow 00:24:12.936$ in about half of these cases,

NOTE Confidence: 0.800780685714286

 $00:24:12.940 \longrightarrow 00:24:14.986$ so roughly 50% of patients who

NOTE Confidence: 0.800780685714286

00:24:14.986 --> 00:24:17.299 undergo our RF ablation of autonomous,

NOTE Confidence: 0.800780685714286

 $00:24:17.300 \longrightarrow 00:24:20.268$ autonomously functioning thyroid nodules.

NOTE Confidence: 0.800780685714286

 $00:24:20.270 \longrightarrow 00:24:22.298$ I have resolution of the hyperthyroidism

NOTE Confidence: 0.800780685714286

 $00:24:22.298 \longrightarrow 00:24:25.281$ and it goes up to 80% with smaller nodules,

NOTE Confidence: 0.800780685714286

 $00{:}24{:}25.281 \dashrightarrow 00{:}24{:}27.266$ those less than 3 centimeters.

NOTE Confidence: 0.800780685714286

 $00:24:27.270 \longrightarrow 00:24:29.658$ This is associated with a significant

NOTE Confidence: 0.800780685714286

 $00{:}24{:}29.658 \operatorname{{\text--}}{>} 00{:}24{:}31.632$ non nodule volume reduction after

NOTE Confidence: 0.800780685714286

 $00:24:31.632 \longrightarrow 00:24:33.222$ about two years of evaluation

NOTE Confidence: 0.800780685714286

 $00:24:33.222 \longrightarrow 00:24:35.455$ from the time of treatment and it

NOTE Confidence: 0.800780685714286

 $00:24:35.455 \longrightarrow 00:24:36.945$ ranges from 68 to 84%.

 $00:24:36.950 \longrightarrow 00:24:39.162$ So RA overall does not seem to

NOTE Confidence: 0.800780685714286

 $00:24:39.162 \longrightarrow 00:24:41.766$ perform quite as well as surgery for

NOTE Confidence: 0.800780685714286

00:24:41.766 --> 00:24:43.746 these particular type of nodules,

NOTE Confidence: 0.800780685714286

 $00:24:43.750 \longrightarrow 00:24:45.400$ but still can remain an option

NOTE Confidence: 0.800780685714286

 $00:24:45.400 \longrightarrow 00:24:46.794$ particularly in patients who are

NOTE Confidence: 0.800780685714286

 $00:24:46.794 \longrightarrow 00:24:48.222$ not surgical candidates or who are

NOTE Confidence: 0.800780685714286

 $00:24:48.222 \longrightarrow 00:24:49.969$ a little bit reluctant to undergo.

NOTE Confidence: 0.800780685714286

 $00:24:49.970 \longrightarrow 00:24:51.920$ Surgery for hyperthyroidism.

NOTE Confidence: 0.858656942777778

 $00:24:54.530 \longrightarrow 00:24:56.874$ So briefly, I want to talk about a

NOTE Confidence: 0.858656942777778

 $00{:}24{:}56.874 \dashrightarrow 00{:}24{:}58.711$ few other non-surgical alternatives

NOTE Confidence: 0.858656942777778

 $00:24:58.711 \longrightarrow 00:25:01.666$ to radiofrequency ablation of thyroid

NOTE Confidence: 0.858656942777778

 $00:25:01.666 \longrightarrow 00:25:03.900$ nodules and there are about three

NOTE Confidence: 0.858656942777778

 $00{:}25{:}03.900 \dashrightarrow 00{:}25{:}06.440$ or four that have been looked into.

NOTE Confidence: 0.858656942777778

 $00:25:06.440 \longrightarrow 00:25:07.920$ So as I mentioned earlier,

NOTE Confidence: 0.858656942777778

00:25:07.920 --> 00:25:09.462 percutaneous ethanol injection,

 $00:25:09.462 \longrightarrow 00:25:12.032$ so treatment options for symptomatic

NOTE Confidence: 0.858656942777778

 $00:25:12.032 \longrightarrow 00:25:14.779$ benign cysts include needle aspiration,

NOTE Confidence: 0.858656942777778

00:25:14.780 --> 00:25:16.079 minimally invasive techniques

NOTE Confidence: 0.858656942777778

 $00:25:16.079 \longrightarrow 00:25:17.378$ or surgical resection.

NOTE Confidence: 0.858656942777778

 $00:25:17.380 \longrightarrow 00:25:18.564$ And with needle aspiration,

NOTE Confidence: 0.858656942777778

 $00:25:18.564 \longrightarrow 00:25:20.340$ the recurrence rates are very high

NOTE Confidence: 0.858656942777778

 $00:25:20.389 \longrightarrow 00:25:22.021$ and that's because you never ablate

NOTE Confidence: 0.858656942777778

 $00:25:22.021 \longrightarrow 00:25:23.940$ the actual cells that are lining that

NOTE Confidence: 0.858656942777778

 $00{:}25{:}23.940 \longrightarrow 00{:}25{:}25.500$ sys that are secreting the fluid.

NOTE Confidence: 0.858656942777778

 $00:25:25.500 \longrightarrow 00:25:27.438$ So patients get aspirated and sometimes

NOTE Confidence: 0.858656942777778

 $00{:}25{:}27.438 \dashrightarrow 00{:}25{:}29.066$ they have resolution of symptoms

NOTE Confidence: 0.858656942777778

00:25:29.066 --> 00:25:30.776 that last you know for months,

NOTE Confidence: 0.858656942777778

 $00:25:30.780 \longrightarrow 00:25:31.700$ maybe even years or so.

NOTE Confidence: 0.858656942777778

 $00:25:31.700 \longrightarrow 00:25:33.638$ But more often than not those

NOTE Confidence: 0.858656942777778

00:25:33.638 --> 00:25:34.930 symptoms recur fairly quickly

NOTE Confidence: 0.858656942777778

 $00:25:34.993 \longrightarrow 00:25:36.745$ and then they're left with what?

00:25:36.750 --> 00:25:38.160 To do with those recurrent symptoms,

NOTE Confidence: 0.858656942777778

 $00:25:38.160 \longrightarrow 00:25:39.360$ do you subject them to surgery,

NOTE Confidence: 0.858656942777778

 $00:25:39.360 \longrightarrow 00:25:41.600$ do they kind of just deal with the

NOTE Confidence: 0.858656942777778

00:25:41.600 --> 00:25:42.860 compressive symptoms and this is

NOTE Confidence: 0.858656942777778

 $00{:}25{:}42.860 \dashrightarrow 00{:}25{:}44.693$ where the role of RFA has kind of

NOTE Confidence: 0.858656942777778

 $00:25:44.693 \longrightarrow 00:25:46.653$ come into play and and also other

NOTE Confidence: 0.858656942777778

 $00:25:46.653 \longrightarrow 00:25:49.890$ interventions like ethanol injection?

NOTE Confidence: 0.858656942777778

 $00:25:49.890 \longrightarrow 00:25:52.382$ So a study at the Mayo Clinic

NOTE Confidence: 0.858656942777778

00:25:52.382 --> 00:25:54.464 evaluated the safety and efficacy

NOTE Confidence: 0.858656942777778

 $00:25:54.464 \longrightarrow 00:25:56.804$ of Perth and percutaneous ethanol

NOTE Confidence: 0.858656942777778

 $00{:}25{:}56.810 \dashrightarrow 00{:}25{:}58.145$ injection for thyroid cyst and

NOTE Confidence: 0.858656942777778

 $00:25:58.145 \longrightarrow 00:25:59.860$ they looked at about 20 patients

NOTE Confidence: 0.858656942777778

 $00{:}25{:}59.860 \dashrightarrow 00{:}26{:}01.505$ who had cystic thyroid nodules.

NOTE Confidence: 0.858656942777778

 $00:26:01.510 \longrightarrow 00:26:03.652$ Eight of them had purely cystic nodules

NOTE Confidence: 0.858656942777778

 $00{:}26{:}03.652 \dashrightarrow 00{:}26{:}06.080$ and the other twelve had a complex 60

 $00:26:06.080 \longrightarrow 00:26:08.059$ nodule where over 50% of the nodule

NOTE Confidence: 0.858656942777778

 $00:26:08.059 \longrightarrow 00:26:09.970$ cystic and at two years follow up,

NOTE Confidence: 0.858656942777778

 $00{:}26{:}09.970 \dashrightarrow 00{:}26{:}11.209$ a median of two years follow up.

NOTE Confidence: 0.858656942777778

 $00:26:11.210 \longrightarrow 00:26:13.766$ Almost 94% of patients were asymptomatic

NOTE Confidence: 0.858656942777778

 $00{:}26{:}13.766 \dashrightarrow 00{:}26{:}16.766$ and 70% had at least a 50% reduction in

NOTE Confidence: 0.858656942777778

 $00{:}26{:}16.766 \dashrightarrow 00{:}26{:}19.822$ volume and 50% reduction at six months.

NOTE Confidence: 0.858656942777778

 $00:26:19.822 \longrightarrow 00:26:22.390$ After a blade of procedures is

NOTE Confidence: 0.858656942777778

 $00:26:22.472 \longrightarrow 00:26:25.120$ considered an effective treatment.

NOTE Confidence: 0.858656942777778

 $00{:}26{:}25.120 \dashrightarrow 00{:}26{:}26.300$ So in terms of safety,

NOTE Confidence: 0.858656942777778

00:26:26.300 --> 00:26:27.915 four patients had mild temporary

NOTE Confidence: 0.858656942777778

 $00{:}26{:}27.915 \dashrightarrow 00{:}26{:}30.157$ side effects and most of it was

NOTE Confidence: 0.858656942777778

 $00:26:30.157 \longrightarrow 00:26:31.855$ pain at the injection site or

NOTE Confidence: 0.858656942777778

 $00{:}26{:}31.855 \dashrightarrow 00{:}26{:}33.278$ mild bleeding into the cyst.

NOTE Confidence: 0.858656942777778

 $00:26:33.280 \longrightarrow 00:26:35.605$ And so these researchers overall

NOTE Confidence: 0.858656942777778

 $00:26:35.605 \longrightarrow 00:26:37.608$ concluded that ethanol ablation was

NOTE Confidence: 0.858656942777778

 $00:26:37.608 \longrightarrow 00:26:39.388$ safe and effective for patients

00:26:39.388 --> 00:26:40.884 with symptomatic thyroid cysts

NOTE Confidence: 0.858656942777778

 $00:26:40.884 \longrightarrow 00:26:42.694$ and is actually the preferred

NOTE Confidence: 0.858656942777778

 $00:26:42.694 \longrightarrow 00:26:44.175$ non-surgical treatment for the

NOTE Confidence: 0.858656942777778

 $00:26:44.175 \longrightarrow 00:26:45.895$ treatment of cystic thyroid nodules.

NOTE Confidence: 0.83471440368421

00:26:48.400 --> 00:26:50.494 So although ethanol ablation is very

NOTE Confidence: 0.83471440368421

00:26:50.494 --> 00:26:52.632 effective in treating cystic thyroid nodules

NOTE Confidence: 0.83471440368421

00:26:52.632 --> 00:26:55.012 is much less effective for solid nodules,

NOTE Confidence: 0.83471440368421

 $00:26:55.020 \longrightarrow 00:26:56.645$ and that's where laser ablation

NOTE Confidence: 0.83471440368421

 $00:26:56.645 \longrightarrow 00:26:57.945$ or other thermal ablative

NOTE Confidence: 0.83471440368421

00:26:57.945 --> 00:26:59.438 therapies kind of come into play.

NOTE Confidence: 0.83471440368421

 $00:26:59.440 \longrightarrow 00:27:02.149$ So laser ablation with ND YAG is a thermal

NOTE Confidence: 0.83471440368421

 $00{:}27{:}02.149 \dashrightarrow 00{:}27{:}04.100$ ablation method that's better suited

NOTE Confidence: 0.83471440368421

 $00:27:04.100 \longrightarrow 00:27:06.476$ for treatment of solid thyroid nodules.

NOTE Confidence: 0.83471440368421

 $00:27:06.480 \longrightarrow 00:27:08.328$ The layers are is actually an

NOTE Confidence: 0.83471440368421

 $00:27:08.328 \longrightarrow 00:27:09.560$ acronym for light amplified

 $00:27:09.616 \longrightarrow 00:27:11.400$ stimulated emission of radiation.

NOTE Confidence: 0.83471440368421

 $00:27:11.400 \longrightarrow 00:27:12.624$ It was first described

NOTE Confidence: 0.83471440368421

 $00:27:12.624 \longrightarrow 00:27:14.200$ by Pacella back in 2004,

NOTE Confidence: 0.83471440368421

 $00:27:14.200 \longrightarrow 00:27:15.950$ and the procedure involves inserting

NOTE Confidence: 0.83471440368421

 $00:27:15.950 \longrightarrow 00:27:18.790$ 2 to 3 spinal needles into a nodule.

NOTE Confidence: 0.83471440368421

00:27:18.790 --> 00:27:19.816 The ultrasound guidance,

NOTE Confidence: 0.83471440368421

 $00:27:19.816 \longrightarrow 00:27:21.868$ this does not involve a moving

NOTE Confidence: 0.83471440368421

 $00:27:21.868 \longrightarrow 00:27:22.840$ shot technique.

NOTE Confidence: 0.83471440368421

 $00{:}27{:}22.840 \longrightarrow 00{:}27{:}24.590$ So once you have those needles injected,

NOTE Confidence: 0.83471440368421

 $00:27:24.590 \longrightarrow 00:27:26.312$ that is going to be the location

NOTE Confidence: 0.83471440368421

 $00{:}27{:}26.312 \dashrightarrow 00{:}27{:}28.429$ of where they remain and then laser

NOTE Confidence: 0.83471440368421

 $00:27:28.429 \longrightarrow 00:27:30.084$ fibers are then positioned through

NOTE Confidence: 0.83471440368421

 $00:27:30.084 \longrightarrow 00:27:31.756$ those needles to allow for the

NOTE Confidence: 0.83471440368421

00:27:31.760 --> 00:27:35.015 ND YAG power for watts in between

NOTE Confidence: 0.83471440368421

 $00:27:35.015 \longrightarrow 00:27:37.790$ 15 to 2000 joules per treatment.

NOTE Confidence: 0.83471440368421

 $00:27:37.790 \longrightarrow 00:27:39.365$ The ablation needle is typically

00:27:39.365 --> 00:27:40.967 placed within the thyroid nodule

NOTE Confidence: 0.83471440368421

 $00:27:40.967 \longrightarrow 00:27:42.773$ along its craniocaudal axis and then

NOTE Confidence: 0.83471440368421

 $00:27:42.773 \longrightarrow 00:27:44.685$ the fibers are exposed to a depth

NOTE Confidence: 0.83471440368421

 $00:27:44.685 \longrightarrow 00:27:46.310$ of about 5 millimeters beyond the

NOTE Confidence: 0.83471440368421

 $00{:}27{:}46.310 \dashrightarrow 00{:}27{:}48.830$ the needle tip and that kind of.

NOTE Confidence: 0.83471440368421

 $00:27:48.830 \longrightarrow 00:27:51.844$ As shown here. Umm.

NOTE Confidence: 0.83471440368421

 $00:27:51.844 \longrightarrow 00:27:55.608$ So there's highly echogenic or

NOTE Confidence: 0.83471440368421

 $00{:}27{:}55.608 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}27{:}57.148$ echogenic area that results from

NOTE Confidence: 0.83471440368421

 $00{:}27{:}57.148 \longrightarrow 00{:}27{:}58.810$ the tissue heating and vaporizing

NOTE Confidence: 0.83471440368421

 $00:27:58.810 \longrightarrow 00:28:00.298$ during the laser firing.

NOTE Confidence: 0.83471440368421

 $00{:}28{:}00.300 \dashrightarrow 00{:}28{:}03.630$ And then you see on colored Doppler they

NOTE Confidence: 0.83471440368421

 $00:28:03.630 \longrightarrow 00:28:06.380$ images obtained from laser illumination.

NOTE Confidence: 0.83471440368421

 $00:28:06.380 \longrightarrow 00:28:08.244$ So after final ablation,

NOTE Confidence: 0.83471440368421

 $00:28:08.244 \longrightarrow 00:28:11.040$ laser marks are seen as anechoic

NOTE Confidence: 0.83471440368421

 $00:28:11.040 \longrightarrow 00:28:12.640$ spots representing cavitation caused

 $00:28:12.640 \longrightarrow 00:28:15.040$ by tissue vaporization and then the

NOTE Confidence: 0.83471440368421

 $00:28:15.103 \longrightarrow 00:28:17.439$ surrounded by a kind of a hyperechoic rim.

NOTE Confidence: 0.83471440368421

00:28:17.440 --> 00:28:19.565 A coagulation zone is demonstrated

NOTE Confidence: 0.83471440368421

00:28:19.565 --> 00:28:21.690 as this hypoechoic area separated

NOTE Confidence: 0.83471440368421

 $00:28:21.757 \longrightarrow 00:28:23.150$ by rim of viable. This year.

NOTE Confidence: 0.797473316333333

00:28:26.130 --> 00:28:28.274 Pepini and his group in a randomized study

NOTE Confidence: 0.797473316333333

 $00:28:28.274 \longrightarrow 00:28:30.492$ of 200 patients compared laser ablation

NOTE Confidence: 0.797473316333333

 $00:28:30.492 \longrightarrow 00:28:32.517$ and clinical observation in patients

NOTE Confidence: 0.797473316333333

 $00{:}28{:}32.517 \dashrightarrow 00{:}28{:}34.986$ with benign thyroid nodules and they

NOTE Confidence: 0.797473316333333

00:28:34.986 --> 00:28:36.986 demonstrated a significant and persistent

NOTE Confidence: 0.797473316333333

 $00{:}28{:}36.990 \dashrightarrow 00{:}28{:}38.957$ reduction in the volume of the laser

NOTE Confidence: 0.797473316333333

 $00:28:38.957 \longrightarrow 00:28:40.409$ treated nodules compared to controls.

NOTE Confidence: 0.797473316333333

 $00:28:40.410 \longrightarrow 00:28:42.324$ And this also was associated with

NOTE Confidence: 0.797473316333333

 $00:28:42.324 \longrightarrow 00:28:44.010$ improvement in the local symptoms

NOTE Confidence: 0.797473316333333

00:28:44.010 --> 00:28:46.086 with no change in thyroid function.

NOTE Confidence: 0.797473316333333

 $00:28:46.090 \longrightarrow 00:28:47.490$ So in this study,

 $00:28:47.490 \longrightarrow 00:28:50.079$ a single laser therapy session with two

NOTE Confidence: 0.797473316333333

 $00:28:50.079 \longrightarrow 00:28:52.210$ fibers induced a significant volume

NOTE Confidence: 0.797473316333333

 $00:28:52.210 \longrightarrow 00:28:54.652$ reduction greater than 50% and the

NOTE Confidence: 0.797473316333333

 $00:28:54.652 \longrightarrow 00:28:56.698$ improvement of local symptoms in the

NOTE Confidence: 0.797473316333333

 $00:28:56.698 \longrightarrow 00:28:58.797$ vast majority of these solid nodules.

NOTE Confidence: 0.797473316333333

 $00:28:58.800 \longrightarrow 00:28:59.781$ After the treatment,

NOTE Confidence: 0.797473316333333

 $00:28:59.781 \longrightarrow 00:29:01.416$ the volume reduction was progressive

NOTE Confidence: 0.797473316333333

 $00{:}29{:}01.416 \to 00{:}29{:}03.208$ until 12 months and remain stable

NOTE Confidence: 0.797473316333333

 $00:29:03.208 \longrightarrow 00:29:04.296$ out to three years.

NOTE Confidence: 0.797473316333333

00:29:04.300 --> 00:29:05.956 And there's only a small minority,

NOTE Confidence: 0.797473316333333

 $00:29:05.960 \longrightarrow 00:29:09.570$ less than 5% of patients that that

NOTE Confidence: 0.797473316333333

 $00:29:09.570 \longrightarrow 00:29:11.620$ had a parcel regrowth usually

NOTE Confidence: 0.797473316333333

 $00{:}29{:}11.620 \dashrightarrow 00{:}29{:}13.260$ around that marginal area.

NOTE Confidence: 0.797473316333333

 $00:29:13.260 \longrightarrow 00:29:15.306$ So the efficacy of radiofrequency ablation

NOTE Confidence: 0.797473316333333

 $00:29:15.306 \longrightarrow 00:29:17.698$ appears to be just slightly superior to

00:29:17.698 --> 00:29:19.966 that of laser ablation and the advert

NOTE Confidence: 0.797473316333333

 $00:29:20.024 \longrightarrow 00:29:21.979$ adverse effects are somewhat fewer.

NOTE Confidence: 0.797473316333333

 $00:29:21.980 \longrightarrow 00:29:24.364$ So they're pretty comparable

NOTE Confidence: 0.797473316333333

 $00:29:24.364 \longrightarrow 00:29:27.662$ but the slight but beneficial.

NOTE Confidence: 0.797473316333333

00:29:27.662 --> 00:29:30.336 Findings are RFA are thought to be

NOTE Confidence: 0.797473316333333

 $00{:}29{:}30.336 \dashrightarrow 00{:}29{:}33.045$ attributed to the fact that we use a

NOTE Confidence: 0.797473316333333

 $00:29:33.045 \longrightarrow 00:29:35.130$ moving shot technique with RF ablation.

NOTE Confidence: 0.797473316333333

 $00:29:35.130 \longrightarrow 00:29:37.209$ So there's more area of that nodule

NOTE Confidence: 0.797473316333333

 $00{:}29{:}37.209 \dashrightarrow 00{:}29{:}38.951$ that actually can be a blated as

NOTE Confidence: 0.797473316333333

 $00:29:38.951 \longrightarrow 00:29:40.488$ opposed to just the lasers

NOTE Confidence: 0.797473316333333

 $00:29:40.488 \longrightarrow 00:29:42.161$ sitting in that same spot on the

NOTE Confidence: 0.797473316333333

 $00{:}29{:}42.161 \dashrightarrow 00{:}29{:}43.793$ laser needles sitting in the same

NOTE Confidence: 0.797473316333333

 $00:29:43.793 \longrightarrow 00:29:45.133$ spot for the laser therapy.

NOTE Confidence: 0.7530150525

 $00:29:51.190 \longrightarrow 00:29:53.345$ Microwave ablation is another thermal

NOTE Confidence: 0.7530150525

 $00:29:53.345 \longrightarrow 00:29:56.109$ technique that's used as a newer 1,

NOTE Confidence: 0.7530150525

 $00:29:56.110 \longrightarrow 00:29:58.766$ and it relies on the generation of this

 $00:29:58.766 \longrightarrow 00:30:00.122$ electromagnetic field with wavelengths

NOTE Confidence: 0.7530150525

 $00:30:00.122 \dashrightarrow 00:30:02.650$ between point O3 and 30 centimeters and a

NOTE Confidence: 0.7530150525

00:30:02.707 --> 00:30:04.998 frequency between 900 and 2500 megahertz,

NOTE Confidence: 0.7530150525

 $00:30:04.998 \longrightarrow 00:30:07.318$ and this causes oscillation of

NOTE Confidence: 0.7530150525

 $00:30:07.318 \longrightarrow 00:30:09.168$ polarized ions, specifically water.

NOTE Confidence: 0.7530150525

 $00:30:09.168 \longrightarrow 00:30:11.922$ This oscillation then creates friction and

NOTE Confidence: 0.7530150525

 $00:30:11.922 \longrightarrow 00:30:14.569$ then increases the local field temperature.

NOTE Confidence: 0.7530150525

 $00:30:14.570 \longrightarrow 00:30:16.094$ So because an electromagnetic field is

NOTE Confidence: 0.7530150525

 $00:30:16.094 \longrightarrow 00:30:18.009$ used instead of an electrical current,

NOTE Confidence: 0.7530150525

 $00{:}30{:}18.010 \dashrightarrow 00{:}30{:}19.336$ the electrical conduction

NOTE Confidence: 0.7530150525

 $00{:}30{:}19.336 \dashrightarrow 00{:}30{:}21.104$ conduction is not necessary.

NOTE Confidence: 0.7530150525

 $00{:}30{:}21.110 \dashrightarrow 00{:}30{:}23.259$ So the thermal spread is not as

NOTE Confidence: 0.7530150525

 $00{:}30{:}23.259 \dashrightarrow 00{:}30{:}25.474$ impeded by things like char or heat

NOTE Confidence: 0.7530150525

 $00{:}30{:}25.474 \dashrightarrow 00{:}30{:}27.316$ sink as with the RFA technique.

NOTE Confidence: 0.7530150525

 $00:30:27.320 \longrightarrow 00:30:29.350$ A needle like antenna similarly isn't is

 $00:30:29.350 \longrightarrow 00:30:31.390$ used to propagate the current and multiple

NOTE Confidence: 0.7530150525

 $00{:}30{:}31.390 \longrightarrow 00{:}30{:}33.415$ antenna can be used together to cause

NOTE Confidence: 0.7530150525

 $00:30:33.415 \longrightarrow 00:30:35.480$ an exponential increase in the amount of

NOTE Confidence: 0.7530150525

 $00:30:35.480 \longrightarrow 00:30:37.642$ heating that occurs within the nodule.

NOTE Confidence: 0.7530150525

00:30:37.642 --> 00:30:39.607 So microwave ablation offers the

NOTE Confidence: 0.7530150525

00:30:39.607 --> 00:30:41.357 ability to deliver more thermal

NOTE Confidence: 0.7530150525

 $00:30:41.357 \longrightarrow 00:30:42.977$ energy in a shorter time,

NOTE Confidence: 0.7530150525

 $00:30:42.980 \longrightarrow 00:30:45.044$ and this results in a higher

NOTE Confidence: 0.7530150525

 $00{:}30{:}45.044 \dashrightarrow 00{:}30{:}46.076$ final tissue temperature.

NOTE Confidence: 0.7530150525

 $00:30:46.080 \longrightarrow 00:30:47.405$ So this reduction in treatment

NOTE Confidence: 0.7530150525

 $00{:}30{:}47.405 \dashrightarrow 00{:}30{:}49.112$ time can be more valuable when

NOTE Confidence: 0.7530150525

00:30:49.112 --> 00:30:50.436 you're treating larger tumors.

NOTE Confidence: 0.7530150525

 $00:30:50.440 \longrightarrow 00:30:51.802$ But because the anatomy of the

NOTE Confidence: 0.7530150525

 $00:30:51.802 --> 00:30:53.120 \ {\rm central \ neck \ is \ very \ compact},$

NOTE Confidence: 0.7530150525

 $00:30:53.120 \longrightarrow 00:30:54.905$ it's also possible that these

NOTE Confidence: 0.7530150525

 $00{:}30{:}54.905 \dashrightarrow 00{:}30{:}56.333$ factors represent some disadvantages.

 $00:30:56.340 \longrightarrow 00:30:57.954$ So rapid heating that is less

NOTE Confidence: 0.7530150525

 $00:30:57.954 \longrightarrow 00:30:59.738$ responsive to heat sink can explain

NOTE Confidence: 0.7530150525

 $00:30:59.738 \longrightarrow 00:31:01.038$ some complications described in

NOTE Confidence: 0.7530150525

00:31:01.038 --> 00:31:02.782 some early series of microwave

NOTE Confidence: 0.7530150525

 $00:31:02.782 \longrightarrow 00:31:04.326$ ablation of thyroid nodules.

NOTE Confidence: 0.7530150525

 $00:31:04.330 \longrightarrow 00:31:06.215$ There's a lot more heat

NOTE Confidence: 0.7530150525

 $00:31:06.215 \longrightarrow 00:31:07.723$ generated and it dissipates.

NOTE Confidence: 0.7530150525

 $00:31:07.730 \longrightarrow 00:31:08.955$ Much more slowly than with

NOTE Confidence: 0.7530150525

 $00:31:08.955 \longrightarrow 00:31:09.690$ the other techniques.

NOTE Confidence: 0.779788095882353

 $00:31:13.970 \longrightarrow 00:31:16.811$ The aim of a a study by Wu was to

NOTE Confidence: 0.779788095882353

 $00:31:16.811 \longrightarrow 00:31:19.379$ define the effectiveness and safety of

NOTE Confidence: 0.779788095882353

 $00:31:19.380 \longrightarrow 00:31:20.848$ percutaneous microwave ablation for

NOTE Confidence: 0.779788095882353

 $00{:}31{:}20.848 \dashrightarrow 00{:}31{:}23.050$ benign thyroid nodules after one session.

NOTE Confidence: 0.779788095882353

 $00:31:23.050 \longrightarrow 00:31:25.549$ So in this study, a total of 121

NOTE Confidence: 0.779788095882353

00:31:25.549 --> 00:31:27.294 benign thyroid nodules in 100

00:31:27.294 --> 00:31:29.260 patients who were your thyroid.

NOTE Confidence: 0.779788095882353

 $00:31:29.260 \longrightarrow 00:31:31.846$ They underwent microwave ablation at a

NOTE Confidence: 0.779788095882353

00:31:31.846 --> 00:31:34.189 single institution between 2014 and 2015,

NOTE Confidence: 0.779788095882353

 $00:31:34.190 \longrightarrow 00:31:36.640$ and this was performed with an internally

NOTE Confidence: 0.779788095882353

 $00:31:36.640 \longrightarrow 00:31:38.709$ cooled antenna under local anesthesia.

NOTE Confidence: 0.779788095882353

 $00:31:38.710 \longrightarrow 00:31:39.840$ The volume of the nodule,

NOTE Confidence: 0.779788095882353

 $00{:}31{:}39.840 \dashrightarrow 00{:}31{:}41.235$ the cosmetic score and symptom

NOTE Confidence: 0.779788095882353

 $00:31:41.235 \longrightarrow 00:31:42.630$ score were compared before and

NOTE Confidence: 0.779788095882353

 $00{:}31{:}42.678 \dashrightarrow 00{:}31{:}44.280$ after the procedure and the volume.

NOTE Confidence: 0.779788095882353

00:31:44.280 --> 00:31:46.370 Production rate was also calculated,

NOTE Confidence: 0.779788095882353

 $00{:}31{:}46.370 \dashrightarrow 00{:}31{:}48.280$ side effects and complications were

NOTE Confidence: 0.779788095882353

 $00:31:48.280 \longrightarrow 00:31:51.254$ recorded and what we see is that there

NOTE Confidence: 0.779788095882353

 $00{:}31{:}51.254 \dashrightarrow 00{:}31{:}53.571$ was a continuous decline in the volume

NOTE Confidence: 0.779788095882353

 $00:31:53.642 \longrightarrow 00:31:55.767$ reduction rate after microwave ablation

NOTE Confidence: 0.779788095882353

 $00:31:55.767 \longrightarrow 00:31:59.894$ and the volume rates at 369 and 12

NOTE Confidence: 0.779788095882353

 $00:31:59.894 \longrightarrow 00:32:02.650$ months were 577077 and 85 respectively.

 $00:32:06.530 \longrightarrow 00:32:09.950$ The most current or recent

NOTE Confidence: 0.871617082

 $00{:}32{:}09.950 \dashrightarrow 00{:}32{:}12.305$ technique that's being used is

NOTE Confidence: 0.871617082

00:32:12.305 --> 00:32:14.189 high intensity focused ultrasound.

NOTE Confidence: 0.871617082

 $00:32:14.190 \longrightarrow 00:32:16.558$ So this is a a more unique noninvasive

NOTE Confidence: 0.871617082

 $00:32:16.558 \longrightarrow 00:32:19.124$ modality that uses sound waves as a carrier

NOTE Confidence: 0.871617082

 $00:32:19.124 \longrightarrow 00:32:20.969$ to target specific lesions of focus.

NOTE Confidence: 0.871617082

 $00:32:20.970 \longrightarrow 00:32:22.838$ High intensity ultrasound transfer

NOTE Confidence: 0.871617082

00:32:22.838 --> 00:32:25.173 sufficient energy to induce this

NOTE Confidence: 0.871617082

00:32:25.173 --> 00:32:26.633 coagulative necrosis through

NOTE Confidence: 0.871617082

00:32:26.633 --> 00:32:28.485 thermal and mechanical injury,

NOTE Confidence: 0.871617082

 $00:32:28.490 \longrightarrow 00:32:30.566$ and the thermal effect is achieved

NOTE Confidence: 0.871617082

 $00:32:30.566 \longrightarrow 00:32:32.825$ by the conversion of the energy

NOTE Confidence: 0.871617082

 $00{:}32{:}32.825 {\:{\circ}{\circ}{\:}}> 00{:}32{:}34.437$ energy generated by intense

NOTE Confidence: 0.871617082

 $00:32:34.437 \longrightarrow 00:32:36.430$ tissue vibration and this this.

NOTE Confidence: 0.871617082

 $00:32:36.430 \longrightarrow 00:32:38.734$ Vibration kind of turns into frictional

 $00:32:38.734 \longrightarrow 00:32:40.955$ heat absorption within within a focal

NOTE Confidence: 0.871617082

 $00{:}32{:}40.955 \dashrightarrow 00{:}32{:}42.790$ target area creates high temperatures

NOTE Confidence: 0.871617082

 $00{:}32{:}42.850 \dashrightarrow 00{:}32{:}44.660$ locally and then immediate cell

NOTE Confidence: 0.871617082

00:32:44.660 --> 00:32:46.108 death occurs once temperatures

NOTE Confidence: 0.871617082

00:32:46.108 --> 00:32:47.837 exceed 55 to 60 degrees Celsius.

NOTE Confidence: 0.871617082

 $00:32:47.840 \longrightarrow 00:32:49.916$ So at this temperature water within

NOTE Confidence: 0.871617082

 $00{:}32{:}49.916 \dashrightarrow 00{:}32{:}51.984$ the tissue vaporizes and micro bubbles

NOTE Confidence: 0.871617082

 $00:32:51.984 \longrightarrow 00:32:54.161$ begin to form and it's this micro

NOTE Confidence: 0.871617082

 $00{:}32{:}54.161 \dashrightarrow 00{:}32{:}55.946$ bubble expansion and then collapse

NOTE Confidence: 0.871617082

 $00:32:55.946 \longrightarrow 00:32:58.058$ it leads to mechanical damage and

NOTE Confidence: 0.871617082

 $00:32:58.060 \longrightarrow 00:32:59.392$ hemorrhage within nearby cells.

NOTE Confidence: 0.871617082

 $00{:}32{:}59.392 \dashrightarrow 00{:}33{:}01.390$ So with this technique it's an

NOTE Confidence: 0.871617082

 $00:33:01.445 \longrightarrow 00:33:03.133$ emerging emerging treatment option

NOTE Confidence: 0.871617082

 $00:33:03.133 \longrightarrow 00:33:04.399$ for thyroid nodules,

NOTE Confidence: 0.871617082

 $00:33:04.400 \longrightarrow 00:33:06.122$ but a key component in challenge

NOTE Confidence: 0.871617082

 $00:33:06.122 \longrightarrow 00:33:06.983$ to this particular.

00:33:06.990 --> 00:33:08.520 Technique is the delivery of energy

NOTE Confidence: 0.871617082

 $00{:}33{:}08.520 \dashrightarrow 00{:}33{:}10.779$ to a small area without causing a

NOTE Confidence: 0.871617082

 $00{:}33{:}10.779 \dashrightarrow 00{:}33{:}12.359$ significant damage to intervening

NOTE Confidence: 0.871617082

 $00:33:12.359 \longrightarrow 00:33:13.544$ and surrounding structures.

NOTE Confidence: 0.871617082

 $00:33:13.550 \longrightarrow 00:33:15.656$ So similar to white microwave ablation,

NOTE Confidence: 0.871617082

 $00{:}33{:}15.660 {\:{\mbox{--}}}{>} 00{:}33{:}17.820$ you have higher heat energy

NOTE Confidence: 0.871617082

 $00:33:17.820 \longrightarrow 00:33:19.980$ generated and a slower resolution

NOTE Confidence: 0.871617082

 $00:33:20.056 \longrightarrow 00:33:22.352$ of that heat which can lead to

NOTE Confidence: 0.871617082

 $00:33:22.352 \longrightarrow 00:33:23.660$ higher complication rates.

NOTE Confidence: 0.810068436153846

 $00:33:25.870 \longrightarrow 00:33:27.502$ So although Haifu is a promising

NOTE Confidence: 0.810068436153846

 $00:33:27.502 \longrightarrow 00:33:29.428$ form of ablation in the short term,

NOTE Confidence: 0.810068436153846

 $00:33:29.430 \longrightarrow 00:33:31.428$ the medium to long term outcomes

NOTE Confidence: 0.810068436153846

 $00{:}33{:}31.428 \dashrightarrow 00{:}33{:}33.260$ following as a single treatment

NOTE Confidence: 0.810068436153846

 $00:33:33.260 \longrightarrow 00:33:34.988$ are not well established.

NOTE Confidence: 0.810068436153846

 $00:33:34.990 \longrightarrow 00:33:37.422$ And to date the only study that has

 $00:33:37.422 \longrightarrow 00:33:40.040$ reported on medium to long term efficacy

NOTE Confidence: 0.810068436153846

 $00:33:40.040 \longrightarrow 00:33:42.526$ with this treatment was performed by Lang.

NOTE Confidence: 0.810068436153846

 $00:33:42.526 \longrightarrow 00:33:45.009$ And in that study there was a total

NOTE Confidence: 0.810068436153846

 $00:33:45.009 \longrightarrow 00:33:47.180$ of 108 patients who underwent this

NOTE Confidence: 0.810068436153846

 $00:33:47.180 \longrightarrow 00:33:49.513$ high food treatment and were fall

NOTE Confidence: 0.810068436153846

 $00{:}33{:}49.513 \dashrightarrow 00{:}33{:}52.009$ for two years and at the two year

NOTE Confidence: 0.810068436153846

 $00:33:52.009 \longrightarrow 00:33:53.822$ follow-up time period fewer than

NOTE Confidence: 0.810068436153846

 $00:33:53.822 \longrightarrow 00:33:55.970 2/3$ of the patients had smaller.

NOTE Confidence: 0.810068436153846

 $00:33:55.970 \longrightarrow 00:33:57.866$ Volume then at the 12 month time point

NOTE Confidence: 0.810068436153846

 $00:33:57.866 \longrightarrow 00:33:59.852$ and then an additional 5th of nodules

NOTE Confidence: 0.810068436153846

 $00{:}33{:}59.852 \dashrightarrow 00{:}34{:}01.895$ actually had a small increase in volume

NOTE Confidence: 0.810068436153846

 $00:34:01.895 \longrightarrow 00:34:03.736$ compared to that 12 month time point.

NOTE Confidence: 0.916778778

 $00:34:08.610 \longrightarrow 00:34:10.120$ So as I mentioned earlier,

NOTE Confidence: 0.916778778

 $00{:}34{:}10.120 \dashrightarrow 00{:}34{:}13.620$ the first reported treatment of thy roid

NOTE Confidence: 0.916778778

 $00:34:13.620 \longrightarrow 00:34:15.780$ nodules by the RFA technique occurred

NOTE Confidence: 0.916778778

 $00:34:15.780 \longrightarrow 00:34:17.574$ inside South Korea back in 2002.

00:34:17.574 --> 00:34:19.518 And you know, although RA techniques

NOTE Confidence: 0.916778778

 $00{:}34{:}19.518 {\:\dashrightarrow\:} 00{:}34{:}21.259$ have been steadily gaining acceptance

NOTE Confidence: 0.916778778

00:34:21.259 --> 00:34:23.228 in the United States, I'm sorry,

NOTE Confidence: 0.916778778

00:34:23.228 --> 00:34:25.720 in Europe and Asia for over 20 years now,

NOTE Confidence: 0.916778778

 $00:34:25.720 \longrightarrow 00:34:27.608$ the United States has been a little bit

NOTE Confidence: 0.916778778

 $00:34:27.608 \longrightarrow 00:34:29.538$ more slow to to adopt these techniques.

NOTE Confidence: 0.916778778

 $00:34:29.540 \longrightarrow 00:34:31.868$ The fact that the FDA did not approve

NOTE Confidence: 0.916778778

 $00:34:31.868 \longrightarrow 00:34:34.613$ the use of RFA for soft tissue masses

NOTE Confidence: 0.916778778

00:34:34.613 --> 00:34:36.931 or thyroid nodules until February of

NOTE Confidence: 0.916778778

 $00:34:36.931 \longrightarrow 00:34:39.056$ 2018 probably contributed to this.

NOTE Confidence: 0.916778778

 $00{:}34{:}39.060 \dashrightarrow 00{:}34{:}40.185$ Delay in the adoption process

NOTE Confidence: 0.916778778

00:34:40.185 --> 00:34:41.310 here in the United States,

NOTE Confidence: 0.916778778

 $00:34:41.310 \longrightarrow 00:34:42.890$ along with the pandemic,

NOTE Confidence: 0.916778778

 $00:34:42.890 \longrightarrow 00:34:44.865$ also causing some delays in

NOTE Confidence: 0.916778778

 $00:34:44.865 \longrightarrow 00:34:46.209$ developing this practice.

 $00:34:46.210 \longrightarrow 00:34:48.550$ So although these advantages are well

NOTE Confidence: 0.916778778

 $00{:}34{:}48.550 \dashrightarrow 00{:}34{:}50.110$ documented in International series,

NOTE Confidence: 0.916778778

00:34:50.110 --> 00:34:52.384 there's still a paucity of data

NOTE Confidence: 0.916778778

 $00:34:52.384 \longrightarrow 00:34:54.750$ from the United States experience.

NOTE Confidence: 0.916778778

 $00:34:54.750 \longrightarrow 00:34:56.577$ This will likely change over the next

NOTE Confidence: 0.916778778

 $00:34:56.577 \longrightarrow 00:34:58.032$ few months because several institutions

NOTE Confidence: 0.916778778

 $00:34:58.032 \longrightarrow 00:35:00.188$ in the United States are now publishing

NOTE Confidence: 0.916778778

 $00:35:00.188 \longrightarrow 00:35:01.766$ their outcomes from their early

NOTE Confidence: 0.916778778

 $00:35:01.766 \longrightarrow 00:35:03.590$ experience with RFA of thyroid nodules.

NOTE Confidence: 0.82154867777778

 $00:35:08.300 \longrightarrow 00:35:09.854$ So currently there are 13 established

NOTE Confidence: 0.821548677777778

 $00{:}35{:}09.854 \dashrightarrow 00{:}35{:}11.474$ RFA programs in the United States

NOTE Confidence: 0.82154867777778

 $00:35:11.474 \longrightarrow 00:35:13.076$ and over the next several months,

NOTE Confidence: 0.82154867777778

 $00{:}35{:}13.080 \dashrightarrow 00{:}35{:}14.995$ at least 24 additional programs

NOTE Confidence: 0.82154867777778

 $00:35:14.995 \longrightarrow 00:35:16.527$ are expected to develop,

NOTE Confidence: 0.82154867777778

 $00:35:16.530 \longrightarrow 00:35:18.456$ which is going to greatly increase

NOTE Confidence: 0.82154867777778

 $00{:}35{:}18.456 \dashrightarrow 00{:}35{:}20.463$ access to patients here who are

 $00:35:20.463 \longrightarrow 00:35:22.455$ interested in undergoing a a less

NOTE Confidence: 0.82154867777778

 $00:35:22.455 \longrightarrow 00:35:23.900$ invasive procedure than surgery.

NOTE Confidence: 0.71269897125

00:35:28.290 --> 00:35:30.666 So the first US experience with thyroid RFA,

NOTE Confidence: 0.71269897125

00:35:30.670 --> 00:35:32.620 it was a retrospective review of

NOTE Confidence: 0.71269897125

 $00{:}35{:}32.620 \to 00{:}35{:}35.009$ 14 patients out of the Mayo Clinic.

NOTE Confidence: 0.71269897125

 $00:35:35.010 \longrightarrow 00:35:37.670$ And so these patients had solid thyroid

NOTE Confidence: 0.71269897125

 $00:35:37.670 \longrightarrow 00:35:40.041$ nodules that were treated with a

NOTE Confidence: 0.71269897125

 $00{:}35{:}40.041 \dashrightarrow 00{:}35{:}42.620$ single RFA procedure from December 1st,

NOTE Confidence: 0.71269897125

 $00:35:42.620 \longrightarrow 00:35:44.970$ 2013 through October of 2016.

NOTE Confidence: 0.71269897125

 $00:35:44.970 \longrightarrow 00:35:47.070$ All patients either had declined surgery

NOTE Confidence: 0.71269897125

 $00:35:47.070 \longrightarrow 00:35:49.150$ or were poor surgical candidates.

NOTE Confidence: 0.71269897125

 $00:35:49.150 \longrightarrow 00:35:50.760$ The thyroid nodules were benign

NOTE Confidence: 0.71269897125

 $00{:}35{:}50.760 \dashrightarrow 00{:}35{:}52.048$ on fine needle as piration.

NOTE Confidence: 0.71269897125

 $00:35:52.050 \longrightarrow 00:35:54.060$ They were enlarging or causing

NOTE Confidence: 0.71269897125

 $00:35:54.060 \longrightarrow 00:35:56.070$ compressive symptoms and they were

00:35:56.141 --> 00:35:58.307 at least three centimeters in size.

NOTE Confidence: 0.71269897125

 $00{:}35{:}58.310 --> 00{:}36{:}00.022$ All right. Nodule volume,

NOTE Confidence: 0.71269897125

 $00:36:00.022 \longrightarrow 00:36:01.734$ compressive symptoms and cosmetic

NOTE Confidence: 0.71269897125

 $00:36:01.734 \longrightarrow 00:36:03.686$ surgery concerns were evaluated and

NOTE Confidence: 0.71269897125

 $00{:}36{:}03.686 \dashrightarrow 00{:}36{:}05.406$ the medium volume reduction induced

NOTE Confidence: 0.71269897125

 $00:36:05.406 \longrightarrow 00:36:07.498$ by the RFA technique was 44%,

NOTE Confidence: 0.71269897125

00:36:07.498 --> 00:36:09.438 down from from 24 milliliters

NOTE Confidence: 0.71269897125

 $00:36:09.438 \longrightarrow 00:36:11.529$ all the way down to 14.

NOTE Confidence: 0.71269897125

 $00:36:11.530 \longrightarrow 00:36:13.728$ Medium follow up was about nine months

NOTE Confidence: 0.71269897125

 $00:36:13.728 \longrightarrow 00:36:15.741$ and maximum results were noted to be

NOTE Confidence: 0.71269897125

 $00{:}36{:}15.741 \dashrightarrow 00{:}36{:}17.650$ achieved at the six month time point.

NOTE Confidence: 0.71269897125

 $00{:}36{:}17.650 \dashrightarrow 00{:}36{:}19.445$ So these researchers found that

NOTE Confidence: 0.71269897125

00:36:19.445 --> 00:36:21.240 RFA did not negatively impact

NOTE Confidence: 0.71269897125

00:36:21.302 --> 00:36:23.007 thyroid function and in fact,

NOTE Confidence: 0.71269897125

 $00:36:23.010 \longrightarrow 00:36:25.404$ in the one patient who has subclinical

NOTE Confidence: 0.71269897125

 $00:36:25.404 \longrightarrow 00:36:27.389$ hyperthyroidism due to a toxic adenoma,

 $00:36:27.390 \longrightarrow 00:36:28.910$ that patient had normalization

NOTE Confidence: 0.71269897125

 $00:36:28.910 \longrightarrow 00:36:30.430$ of their thyroid function.

NOTE Confidence: 0.71269897125

 $00:36:30.430 \longrightarrow 00:36:32.746$ Four months after the ablation procedure,

NOTE Confidence: 0.71269897125

 $00:36:32.750 \longrightarrow 00:36:34.186$ so further compressive symptoms

NOTE Confidence: 0.71269897125

 $00{:}36{:}34.186 \dashrightarrow 00{:}36{:}36.340$ resolved in eight of 12 patients

NOTE Confidence: 0.71269897125

 $00:36:36.398 \longrightarrow 00:36:38.820$ or 67% and improved in the other

NOTE Confidence: 0.71269897125

 $00:36:38.820 \longrightarrow 00:36:40.786$ four and cosmetic concerns improved

NOTE Confidence: 0.71269897125

 $00:36:40.786 \longrightarrow 00:36:42.904$ in all all 12 patients.

NOTE Confidence: 0.71269897125

 $00{:}36{:}42.910 {\:{\circ}{\circ}{\circ}}>00{:}36{:}44.800$ So the procedure had no sustained

NOTE Confidence: 0.71269897125

 $00{:}36{:}44.800 \dashrightarrow 00{:}36{:}46.060$ complications and the authors

NOTE Confidence: 0.71269897125

00:36:46.110 --> 00:36:47.838 concluded that RFA of the nine

NOTE Confidence: 0.71269897125

 $00:36:47.838 \longrightarrow 00:36:49.226$ large thyroid nodules performed

NOTE Confidence: 0.71269897125

 $00:36:49.226 \longrightarrow 00:36:51.290$ similarly to reports internationally,

NOTE Confidence: 0.71269897125

 $00:36:51.290 \longrightarrow 00:36:54.719$ which was encouraging.

NOTE Confidence: 0.71269897125

 $00:36:54.720 \longrightarrow 00:36:56.875$ The next study occurred out

 $00:36:56.875 \longrightarrow 00:36:59.030$ of Columbia University by two

NOTE Confidence: 0.71269897125

00:36:59.107 --> 00:37:01.300 experienced into convergence,

NOTE Confidence: 0.71269897125

00:37:01.300 --> 00:37:02.326 Doctor Jennifer Cohen,

NOTE Confidence: 0.71269897125

 $00:37:02.326 \longrightarrow 00:37:04.720$ Doctor James Lee and they wrote in

NOTE Confidence: 0.71269897125

 $00:37:04.789 \longrightarrow 00:37:07.099$ their experience of 16 patients since

NOTE Confidence: 0.71269897125

00:37:07.099 --> 00:37:09.582 starting their RFA program back in 2019.

NOTE Confidence: 0.71269897125

 $00:37:09.582 \longrightarrow 00:37:12.354$ So most of these patients had

NOTE Confidence: 0.71269897125

00:37:12.354 --> 00:37:14.788 benign thyroid FA biopsies and

NOTE Confidence: 0.71269897125

 $00{:}37{:}14.788 \dashrightarrow 00{:}37{:}16.360$ with compressive symptoms.

NOTE Confidence: 0.71269897125

 $00:37:16.360 \longrightarrow 00:37:18.664$ But additionally there were two patients

NOTE Confidence: 0.71269897125

 $00:37:18.664 \longrightarrow 00:37:21.487$ who had toxic nodules and one patient

NOTE Confidence: 0.71269897125

 $00:37:21.487 \longrightarrow 00:37:23.923$ with a recurrent metastatic thyroid cancer.

NOTE Confidence: 0.71269897125

 $00:37:23.930 \longrightarrow 00:37:24.995$ So these authors.

NOTE Confidence: 0.71269897125

 $00:37:24.995 \longrightarrow 00:37:26.415$ Reported that all patients

NOTE Confidence: 0.71269897125

 $00:37:26.415 \longrightarrow 00:37:28.108$ tolerated the procedure well with

NOTE Confidence: 0.71269897125

 $00{:}37{:}28.108 \dashrightarrow 00{:}37{:}29.543$ just minimal procedural pain and

 $00:37:29.543 \longrightarrow 00:37:31.190$ no long term complications.

NOTE Confidence: 0.71269897125

 $00:37:31.190 \longrightarrow 00:37:33.290$ At one month follow up the mean

NOTE Confidence: 0.71269897125

 $00:37:33.290 \longrightarrow 00:37:35.288$ volume reduction was 50% / 50%.

NOTE Confidence: 0.71269897125

00:37:35.288 --> 00:37:37.484 And additionally both patients who had

NOTE Confidence: 0.71269897125

 $00{:}37{:}37.484 \dashrightarrow 00{:}37{:}39.546$ toxic nodules had one month follow

NOTE Confidence: 0.71269897125

 $00:37:39.546 \longrightarrow 00:37:42.299$ up and were found to be youth thyroid

NOTE Confidence: 0.71269897125

 $00:37:42.299 \longrightarrow 00:37:44.411$ and all patients who had undergone

NOTE Confidence: 0.71269897125

 $00{:}37{:}44.411 \dashrightarrow 00{:}37{:}46.546$ 3 month follow up also had normal

NOTE Confidence: 0.71269897125

00:37:46.546 --> 00:37:48.083 TSH levels indicating youth thyroid

NOTE Confidence: 0.71269897125

 $00:37:48.083 \longrightarrow 00:37:49.889$ status and those patients as well.

NOTE Confidence: 0.71269897125

 $00:37:49.890 \longrightarrow 00:37:51.490$ So again the preliminary U.S.

NOTE Confidence: 0.71269897125

00:37:51.490 --> 00:37:53.875 data is has been comparable

NOTE Confidence: 0.71269897125

 $00{:}37{:}53.875 --> 00{:}37{:}55.306$ to that experienced.

NOTE Confidence: 0.71269897125

 $00:37:55.310 \longrightarrow 00:37:56.420$ Internationally.

NOTE Confidence: 0.817170693076923

 $00:37:59.150 \longrightarrow 00:38:01.992$ Next, there was a study to evaluate

 $00:38:01.992 \longrightarrow 00:38:04.518$ the safety and efficacy of RA.

NOTE Confidence: 0.817170693076923

 $00:38:04.520 \longrightarrow 00:38:09.506$ In patients who had indeterminate nodules.

NOTE Confidence: 0.817170693076923

 $00{:}38{:}09.510 \dashrightarrow 00{:}38{:}12.354$ And so this was a retrospective

NOTE Confidence: 0.817170693076923

 $00:38:12.354 \longrightarrow 00:38:14.250$ retrospective single center study

NOTE Confidence: 0.817170693076923

 $00:38:14.331 \longrightarrow 00:38:16.862$ and this was a 53 patients who under

NOTE Confidence: 0.817170693076923

 $00:38:16.862 \longrightarrow 00:38:19.390$ an RF a total of 58 thyroid nodules.

NOTE Confidence: 0.817170693076923

 $00:38:19.390 \longrightarrow 00:38:20.642$ The reduction in volume,

NOTE Confidence: 0.817170693076923

 $00:38:20.642 \longrightarrow 00:38:22.207$ cosmetic and symptomatic improvement as

NOTE Confidence: 0.817170693076923

 $00{:}38{:}22.207 \dashrightarrow 00{:}38{:}24.365$ well as the effect on thyroid function

NOTE Confidence: 0.817170693076923

 $00:38:24.365 \longrightarrow 00:38:25.561$ and complications were assessed.

NOTE Confidence: 0.817170693076923

00:38:25.570 --> 00:38:27.430 And once again the medium

NOTE Confidence: 0.817170693076923

 $00:38:27.430 \longrightarrow 00:38:29.290$ reduction volume was over 50%,

NOTE Confidence: 0.817170693076923

00:38:29.290 --> 00:38:31.194 it was 70% after a median follow-up

NOTE Confidence: 0.817170693076923

00:38:31.194 --> 00:38:33.674 of over 100 days and with significant

NOTE Confidence: 0.817170693076923

 $00:38:33.674 \longrightarrow 00:38:35.274$ symptomatic and cosmetic improvement

NOTE Confidence: 0.817170693076923

 $00:38:35.274 \longrightarrow 00:38:37.929$ in all cases and compared to larger

 $00{:}38{:}37.929 \dashrightarrow 00{:}38{:}39.724$ nodules these authors noted that.

NOTE Confidence: 0.817170693076923

 $00{:}38{:}39.730 \dashrightarrow 00{:}38{:}41.875$ Smaller nodules had greater volume

NOTE Confidence: 0.817170693076923

 $00:38:41.875 \longrightarrow 00:38:44.550$ reduction and improved TSH in autonomously

NOTE Confidence: 0.817170693076923

 $00:38:44.550 \longrightarrow 00:38:46.860$ functioning thyroid nodules and also

NOTE Confidence: 0.817170693076923

 $00:38:46.860 \longrightarrow 00:38:49.853$ there was no effect on the TSH levels

NOTE Confidence: 0.817170693076923

 $00:38:49.853 \longrightarrow 00:38:51.611$ in the non-toxic thyroid nodules.

NOTE Confidence: 0.817170693076923

 $00:38:51.611 \longrightarrow 00:38:53.646$ There were no major complications.

NOTE Confidence: 0.817170693076923

00:38:53.650 --> 00:38:53.944 Importantly,

NOTE Confidence: 0.817170693076923

 $00:38:53.944 \longrightarrow 00:38:56.002$ there was one patient who had self

NOTE Confidence: 0.817170693076923

 $00{:}38{:}56.002 \dashrightarrow 00{:}38{:}57.551$ limited local bleeding and another

NOTE Confidence: 0.817170693076923

00:38:57.551 --> 00:38:59.066 had a transient voice change

NOTE Confidence: 0.817170693076923

 $00:38:59.066 \longrightarrow 00:39:00.549$ that resolved after six months.

NOTE Confidence: 0.817170693076923

 $00{:}39{:}00.550 \dashrightarrow 00{:}39{:}02.092$ So again these authors concluded that

NOTE Confidence: 0.817170693076923

 $00:39:02.092 \longrightarrow 00:39:04.308$ RA is a safe and efficacious treatment

NOTE Confidence: 0.817170693076923

00:39:04.308 --> 00:39:06.188 option for both symptomatic non

 $00:39:06.188 \longrightarrow 00:39:08.439$ functioning and functioning thyroid nodules.

NOTE Confidence: 0.820268478846154

 $00:39:11.220 \longrightarrow 00:39:13.422$ And then lastly, more recently there's

NOTE Confidence: 0.820268478846154

00:39:13.422 --> 00:39:16.488 been a study out of Tulane to look

NOTE Confidence: 0.820268478846154

 $00:39:16.488 \longrightarrow 00:39:18.393$ at indeterminate nodules which are

NOTE Confidence: 0.820268478846154

 $00:39:18.393 \longrightarrow 00:39:20.977$ vast majority of nodules that we see.

NOTE Confidence: 0.820268478846154

 $00:39:20.980 \longrightarrow 00:39:23.506$ So these nodules have either their

NOTE Confidence: 0.820268478846154

 $00:39:23.506 \longrightarrow 00:39:26.036$ Bethesda type three or four,

NOTE Confidence: 0.820268478846154

 $00:39:26.040 \longrightarrow 00:39:29.370$ so 178 patients who had either

NOTE Confidence: 0.820268478846154

00:39:29.370 --> 00:39:31.060 benign nodules, so Beth Bethesda,

NOTE Confidence: 0.820268478846154

00:39:31.060 --> 00:39:33.160 Bethesda two or less or indeterminate,

NOTE Confidence: 0.820268478846154

 $00:39:33.160 \dashrightarrow 00:39:35.221$ but that's a three or four on F and

NOTE Confidence: 0.820268478846154

 $00:39:35.221 \longrightarrow 00:39:37.973$ A were included and patients in the

NOTE Confidence: 0.820268478846154

 $00:39:37.973 \longrightarrow 00:39:39.609$ benign and indeterminate cohorts

NOTE Confidence: 0.820268478846154

00:39:39.679 --> 00:39:41.789 had similar thyroid nodule volume.

NOTE Confidence: 0.820268478846154

 $00:39:41.790 \longrightarrow 00:39:44.835$ And reduction rates for 65 and 64%.

NOTE Confidence: 0.820268478846154

 $00:39:44.835 \longrightarrow 00:39:46.860$ So no significant differences between

 $00:39:46.860 \longrightarrow 00:39:48.963$ completely benign thyroid nodules and

NOTE Confidence: 0.820268478846154

 $00:39:48.963 \longrightarrow 00:39:50.667$ these indeterminate thyroid nodules.

NOTE Confidence: 0.820268478846154

 $00:39:50.670 \longrightarrow 00:39:52.886$ There were a total of three cases of

NOTE Confidence: 0.820268478846154

 $00:39:52.886 \longrightarrow 00:39:54.200$ dysphonia reported that resolved.

NOTE Confidence: 0.820268478846154

 $00:39:54.200 \longrightarrow 00:39:56.272$ And so this was the first study to

NOTE Confidence: 0.820268478846154

 $00:39:56.272 \longrightarrow 00:39:58.057$ really look at indetermined not

NOTE Confidence: 0.820268478846154

 $00:39:58.057 \longrightarrow 00:39:59.266$ clearly benign nodules,

NOTE Confidence: 0.820268478846154

 $00{:}39{:}59.270 \dashrightarrow 00{:}40{:}00.958$ not clearly malignant nodules,

NOTE Confidence: 0.820268478846154

 $00:40:00.958 \longrightarrow 00:40:02.646$ but indeterminate thyroid nodules

NOTE Confidence: 0.820268478846154

 $00:40:02.646 \longrightarrow 00:40:04.599$ and found that they're comparable

NOTE Confidence: 0.820268478846154

00:40:04.599 --> 00:40:06.687 to benign thyroid nodules in terms

NOTE Confidence: 0.820268478846154

 $00:40:06.687 \longrightarrow 00:40:07.839$ of the efficacy.

NOTE Confidence: 0.820268478846154

 $00{:}40{:}07.840 \dashrightarrow 00{:}40{:}09.802$ So this was the first first

NOTE Confidence: 0.820268478846154

00:40:09.802 --> 00:40:11.110 North American analysis comparing

NOTE Confidence: 0.820268478846154

00:40:11.168 --> 00:40:12.940 benign and indeterminate nodules,

00:40:12.940 --> 00:40:14.872 and suggested that RA is a promising

NOTE Confidence: 0.820268478846154

00:40:14.872 --> 00:40:16.679 modality for the management of

NOTE Confidence: 0.820268478846154

00:40:16.679 --> 00:40:18.056 indeterminate thyroid nodules.

NOTE Confidence: 0.807859171538462

 $00:40:20.600 \longrightarrow 00:40:22.748$ The most common indications for our

NOTE Confidence: 0.807859171538462

 $00:40:22.748 \longrightarrow 00:40:24.554$ phase still remains treatment of

NOTE Confidence: 0.807859171538462

 $00:40:24.554 \longrightarrow 00:40:26.500$ benign disease both non functional

NOTE Confidence: 0.807859171538462

 $00:40:26.500 \longrightarrow 00:40:27.820$ and autonomously functioning.

NOTE Confidence: 0.807859171538462

00:40:27.820 --> 00:40:29.048 But there's potential expansion

NOTE Confidence: 0.807859171538462

 $00:40:29.048 \longrightarrow 00:40:30.890$ of the indications for RFA that

NOTE Confidence: 0.807859171538462

 $00:40:30.943 \longrightarrow 00:40:32.260$ they're being investigated.

NOTE Confidence: 0.807859171538462

 $00:40:32.260 \longrightarrow 00:40:34.210$ So currently there's only two institutions,

NOTE Confidence: 0.807859171538462

 $00:40:34.210 \longrightarrow 00:40:35.775$ institutions here that are recruiting

NOTE Confidence: 0.807859171538462

 $00:40:35.775 \longrightarrow 00:40:37.659$ patients for clinical trials in the

NOTE Confidence: 0.807859171538462

00:40:37.659 --> 00:40:38.999 United States evaluating the safety

NOTE Confidence: 0.807859171538462

 $00:40:38.999 \longrightarrow 00:40:40.975$ and efficacy of RFA for the treatment

NOTE Confidence: 0.807859171538462

 $00{:}40{:}40.975 \dashrightarrow 00{:}40{:}42.691$ of low wit risk well differentiated

00:40:42.691 --> 00:40:44.084 papillary thyroid cancers and

NOTE Confidence: 0.807859171538462

 $00:40:44.084 \longrightarrow 00:40:46.292$ that's the Mayo Clinic in Columbia.

NOTE Confidence: 0.807859171538462

 $00:40:46.300 \longrightarrow 00:40:48.274$ And thus far there's only two US

NOTE Confidence: 0.807859171538462

 $00:40:48.274 \longrightarrow 00:40:50.104$ institutions that have used RA to

NOTE Confidence: 0.807859171538462

00:40:50.104 --> 00:40:51.336 treat recurrent thyroid cancer.

NOTE Confidence: 0.807859171538462

 $00:40:51.340 \longrightarrow 00:40:53.315$ Being Columbia and Oregon Health

NOTE Confidence: 0.807859171538462

00:40:53.315 --> 00:40:54.500 and Sciences University,

NOTE Confidence: 0.807859171538462

 $00:40:54.500 \longrightarrow 00:40:56.228$ so current knowledge of the efficacy

NOTE Confidence: 0.807859171538462

 $00:40:56.228 \longrightarrow 00:40:58.489$ of RFA for the treatment of thyroid

NOTE Confidence: 0.807859171538462

 $00:40:58.489 \longrightarrow 00:41:00.589$ cancer is still limited and largely

NOTE Confidence: 0.807859171538462

 $00:41:00.589 \longrightarrow 00:41:02.919$ comes from our international experience.

NOTE Confidence: 0.807859171538462

 $00:41:02.920 \longrightarrow 00:41:04.850$ Recently NCCN guideline from the

NOTE Confidence: 0.807859171538462

 $00:41:04.850 \longrightarrow 00:41:07.342$ indicate that RFA can be considered

NOTE Confidence: 0.807859171538462

 $00:41:07.342 \longrightarrow 00:41:10.270$ in the management of recurrent thyroid

NOTE Confidence: 0.807859171538462

 $00:41:10.270 \longrightarrow 00:41:12.455$ cancer particularly if patients are

00:41:12.455 --> 00:41:14.730 a high kind of surgical risk and

NOTE Confidence: 0.807859171538462

00:41:14.730 --> 00:41:17.298 in fact RFA has actually been used

NOTE Confidence: 0.807859171538462

 $00:41:17.298 \longrightarrow 00:41:19.345$ in for this specific indication

NOTE Confidence: 0.807859171538462

 $00:41:19.345 \longrightarrow 00:41:21.735$ in Southeast Asia and Europe.

NOTE Confidence: 0.807859171538462

 $00:41:21.740 \longrightarrow 00:41:24.141$ So back in 2014 back again looked

NOTE Confidence: 0.807859171538462

00:41:24.141 --> 00:41:26.462 at patients who had undergone RFA

NOTE Confidence: 0.807859171538462

 $00:41:26.462 \longrightarrow 00:41:28.492$ for local regional recurrent PTC

NOTE Confidence: 0.807859171538462

 $00:41:28.492 \longrightarrow 00:41:30.743$ and the inclusion criteria were

NOTE Confidence: 0.807859171538462

 $00:41:30.743 \longrightarrow 00:41:32.472$ no evidence of metastasis.

NOTE Confidence: 0.807859171538462

 $00:41:32.472 \longrightarrow 00:41:35.880$ But beyond the neck no more than four

NOTE Confidence: 0.807859171538462

 $00:41:35.880 \longrightarrow 00:41:37.548$ areas of tumor confirm recurrence

NOTE Confidence: 0.807859171538462

 $00:41:37.548 \longrightarrow 00:41:39.606$ by ultrasound guided F and A and

NOTE Confidence: 0.807859171538462

 $00:41:39.606 \longrightarrow 00:41:41.270$ a thyroglobulin measurement on

NOTE Confidence: 0.807859171538462

 $00:41:41.270 \longrightarrow 00:41:42.575$ needle washed out.

NOTE Confidence: 0.807859171538462

 $00:41:42.580 \longrightarrow 00:41:44.468$ So more than a six month follow up

NOTE Confidence: 0.807859171538462

 $00{:}41{:}44.468 \operatorname{--}{>} 00{:}41{:}46.365$ period was needed in surgery was not

 $00:41:46.365 \longrightarrow 00:41:48.419$ feasible or was refused by the patient.

NOTE Confidence: 0.807859171538462

 $00:41:48.420 \longrightarrow 00:41:50.620$ And so in this case there were 61

NOTE Confidence: 0.807859171538462

 $00:41:50.620 \longrightarrow 00:41:52.160$ recurrent tumors in a total of 39.

NOTE Confidence: 0.807859171538462

 $00:41:52.160 \longrightarrow 00:41:54.135$ Patients and the main follow-up

NOTE Confidence: 0.807859171538462

 $00:41:54.135 \longrightarrow 00:41:56.110$ duration was about 26 months.

NOTE Confidence: 0.807859171538462

 $00{:}41{:}56.110 \dashrightarrow 00{:}41{:}58.115$ These researchers found that tumor

NOTE Confidence: 0.807859171538462

 $00:41:58.115 \longrightarrow 00:41:59.719$ volume decreased significantly from

NOTE Confidence: 0.807859171538462

 $00:41:59.719 \longrightarrow 00:42:01.416$.2 milliliters before ablation

NOTE Confidence: 0.807859171538462

 $00:42:01.416 \longrightarrow 00:42:02.720$ to .02 afterwards.

NOTE Confidence: 0.807859171538462

 $00{:}42{:}02.720 \dashrightarrow 00{:}42{:}05.427$ And the overall complication was complication

NOTE Confidence: 0.807859171538462

 $00:42:05.427 \longrightarrow 00:42:08.637$ rate was relatively low at under 8%.

NOTE Confidence: 0.807859171538462

 $00{:}42{:}08.637 \dashrightarrow 00{:}42{:}10.719$ So these authors also concluded that

NOTE Confidence: 0.807859171538462

 $00{:}42{:}10.719 \dashrightarrow 00{:}42{:}12.777$ RFA can effectively control local

NOTE Confidence: 0.807859171538462

00:42:12.777 --> 00:42:14.677 regional recurrent papillary thyroid

NOTE Confidence: 0.807859171538462

 $00:42:14.677 \longrightarrow 00:42:16.577$ cancer without life threatening

 $00:42:16.639 \longrightarrow 00:42:18.607$ complications and select patients.

NOTE Confidence: 0.807859171538462

 $00:42:18.610 \longrightarrow 00:42:20.110$ And then in a follow-up study,

NOTE Confidence: 0.807859171538462

00:42:20.110 --> 00:42:22.749 the same group reviewed 29 patients who

NOTE Confidence: 0.807859171538462

 $00:42:22.749 \longrightarrow 00:42:25.378$ had undergone RA for recurrent PTC and

NOTE Confidence: 0.807859171538462

 $00:42:25.378 \longrightarrow 00:42:28.329$ they followed them for at least five years.

NOTE Confidence: 0.807859171538462

 $00:42:28.330 \longrightarrow 00:42:30.834$ They looked at the change in size on

NOTE Confidence: 0.807859171538462

 $00:42:30.834 \longrightarrow 00:42:32.750$ ultrasound and thyroglobulin levels

NOTE Confidence: 0.807859171538462

 $00:42:32.750 \longrightarrow 00:42:34.582$ for at the one month follow up 3/6

NOTE Confidence: 0.807859171538462

 $00:42:34.582 \longrightarrow 00:42:36.943$ and 12 months and then every 6 to 12

NOTE Confidence: 0.807859171538462

 $00:42:36.943 \longrightarrow 00:42:38.910$ months after that one year time point.

NOTE Confidence: 0.807859171538462

 $00:42:38.910 \longrightarrow 00:42:40.986$ And so any complications identified during

NOTE Confidence: 0.807859171538462

 $00:42:40.986 \longrightarrow 00:42:43.470$ the follow up period were also reported.

NOTE Confidence: 0.807859171538462

 $00{:}42{:}43.470 \dashrightarrow 00{:}42{:}45.025$ The mean follow-up duration was

NOTE Confidence: 0.807859171538462

 $00:42:45.025 \longrightarrow 00:42:47.052$ was eighty months and tumor volume

NOTE Confidence: 0.807859171538462

 $00:42:47.052 \longrightarrow 00:42:48.700$ decreased significantly from .2.

NOTE Confidence: 0.807859171538462

 $00:42:48.700 \longrightarrow 00:42:51.059$ 5 to .01 at the final evaluation

 $00:42:51.059 \longrightarrow 00:42:53.566$ and so the mean volume reduction

NOTE Confidence: 0.807859171538462

 $00:42:53.566 \longrightarrow 00:42:55.450$ was over 99 Percent.

NOTE Confidence: 0.807859171538462

 $00:42:55.450 \longrightarrow 00:42:57.991$ 42 of the 46 treated tumors actually

NOTE Confidence: 0.807859171538462

 $00:42:57.991 \longrightarrow 00:42:59.869$ had completely disappeared by the

NOTE Confidence: 0.807859171538462

 $00:42:59.869 \longrightarrow 00:43:01.329$ final evaluation on ultrasound.

NOTE Confidence: 0.807859171538462

 $00:43:01.330 \longrightarrow 00:43:03.655$ And the mean thyroglobulin level

NOTE Confidence: 0.807859171538462

 $00:43:03.655 \longrightarrow 00:43:05.964$ decreased from 2.55 to 0.75,

NOTE Confidence: 0.807859171538462

 $00:43:05.964 \longrightarrow 00:43:08.254$ equating to a biochemical remission

NOTE Confidence: 0.807859171538462 00:43:08.254 --> 00:43:09.522 rate of 51%. NOTE Confidence: 0.807859171538462

 $00:43:09.522 \longrightarrow 00:43:10.578$ And so importantly,

NOTE Confidence: 0.807859171538462

 $00{:}43{:}10.578 \dashrightarrow 00{:}43{:}12.338$ there were no delayed complications

NOTE Confidence: 0.807859171538462

 $00{:}43{:}12.338 \dashrightarrow 00{:}43{:}13.727$ associated with RA after it

NOTE Confidence: 0.807859171538462

 $00{:}43{:}13.727 \dashrightarrow 00{:}43{:}14.962$ was followed for five years.

NOTE Confidence: 0.880171282

 $00:43:18.620 \longrightarrow 00:43:20.290$ In terms of future directions

NOTE Confidence: 0.880171282

 $00:43:20.290 \longrightarrow 00:43:21.960$ and of using this technique,

 $00:43:21.960 \longrightarrow 00:43:24.277$ there's a lot of interest in treating

NOTE Confidence: 0.880171282

 $00:43:24.277 \longrightarrow 00:43:25.896$ primary thyroid carcinomas and that's

NOTE Confidence: 0.880171282

 $00:43:25.896 \longrightarrow 00:43:27.884$ because the global incidence of PTC has

NOTE Confidence: 0.880171282

 $00:43:27.884 \longrightarrow 00:43:29.964$ been increasing over the past several

NOTE Confidence: 0.880171282

00:43:29.964 --> 00:43:31.940 decades and particularly for micro PTC's,

NOTE Confidence: 0.880171282

 $00:43:31.940 \longrightarrow 00:43:33.620$ those that are less than a centimeter.

NOTE Confidence: 0.880171282

00:43:33.620 --> 00:43:35.255 It's been largely attributed to

NOTE Confidence: 0.880171282

 $00:43:35.255 \longrightarrow 00:43:36.890$ the detection and diagnosis of

NOTE Confidence: 0.880171282

00:43:36.948 --> 00:43:38.480 smaller tumors on ultrasound,

NOTE Confidence: 0.880171282

00:43:38.480 --> 00:43:39.533 mostly T1 tumors,

NOTE Confidence: 0.880171282

 $00{:}43{:}39.533 \dashrightarrow 00{:}43{:}41.639$ so meaning less than two centimeters,

NOTE Confidence: 0.880171282

 $00:43:41.640 \longrightarrow 00:43:43.740$ but they are further subdivided into

NOTE Confidence: 0.880171282

00:43:43.740 --> 00:43:46.723 T1A less than one centimeter or T1B

NOTE Confidence: 0.880171282

 $00:43:46.723 \longrightarrow 00:43:49.411$ between one and 2 centimeters, so these T.

NOTE Confidence: 0.880171282

00:43:49.411 --> 00:43:51.196 Tumors generally have a favorable

NOTE Confidence: 0.880171282

 $00:43:51.196 \longrightarrow 00:43:53.249$ prognosis and a low mortality rate.

 $00:43:53.250 \longrightarrow 00:43:55.026$ So for T1A tumors that don't

NOTE Confidence: 0.880171282

00:43:55.026 --> 00:43:56.697 have any evidence of extra

NOTE Confidence: 0.880171282

00:43:56.697 --> 00:43:58.389 thyroidal extension or lymph,

NOTE Confidence: 0.880171282

00:43:58.390 --> 00:44:00.490 Noma testis or distant metastasis,

NOTE Confidence: 0.880171282

 $00:44:00.490 \longrightarrow 00:44:02.410$ conservative management such as active

NOTE Confidence: 0.880171282

 $00:44:02.410 \longrightarrow 00:44:03.946$ surveillance has been recommended,

NOTE Confidence: 0.880171282

 $00:44:03.950 \longrightarrow 00:44:06.140$ but consensus hasn't been reached

NOTE Confidence: 0.880171282

 $00:44:06.140 \longrightarrow 00:44:08.768$ on on that specific protocol of

NOTE Confidence: 0.880171282

 $00:44:08.768 \longrightarrow 00:44:10.946$ how to surveil on these patients.

NOTE Confidence: 0.880171282

 $00:44:10.950 \longrightarrow 00:44:11.722$ All right.

NOTE Confidence: 0.880171282

 $00{:}44{:}11.722 \dashrightarrow 00{:}44{:}13.266$ Lobectomy without a prophylactic

NOTE Confidence: 0.880171282

 $00{:}44{:}13.266 \dashrightarrow 00{:}44{:}15.177$ central neck dissection has been

NOTE Confidence: 0.880171282

 $00{:}44{:}15.177 \dashrightarrow 00{:}44{:}16.727$ to uted as the preferred treatment

NOTE Confidence: 0.880171282

00:44:16.727 --> 00:44:18.684 for this subset of small tumors

NOTE Confidence: 0.880171282

 $00:44:18.684 \longrightarrow 00:44:20.339$ and active surveillance is also

00:44:20.339 --> 00:44:21.982 recommended as a new conservative

NOTE Confidence: 0.880171282

 $00{:}44{:}21.982 \dashrightarrow 00{:}44{:}23.908$ management for the T1B lesions that

NOTE Confidence: 0.880171282

 $00{:}44{:}23.908 \dashrightarrow 00{:}44{:}25.757$ are between one to two centimeters.

NOTE Confidence: 0.880171282

 $00:44:25.760 \longrightarrow 00:44:27.027$ The problem with that is that there's

NOTE Confidence: 0.880171282

 $00:44:27.027 \longrightarrow 00:44:28.670$ not a lot of evidence on active

NOTE Confidence: 0.880171282

 $00:44:28.670 \longrightarrow 00:44:29.995$ surveillance of these particular tumors.

NOTE Confidence: 0.880171282

 $00:44:30.000 \longrightarrow 00:44:31.625$ So then you're subjecting patients

NOTE Confidence: 0.880171282

 $00:44:31.625 \longrightarrow 00:44:33.589$ to either a thyroid lobectomy for

NOTE Confidence: 0.880171282

 $00{:}44{:}33.589 \dashrightarrow 00{:}44{:}35.287$ a small tumor or surveillance with,

NOTE Confidence: 0.880171282

00:44:35.290 --> 00:44:35.914 you know,

NOTE Confidence: 0.880171282

 $00{:}44{:}35.914 \dashrightarrow 00{:}44{:}37.786$ really no good information about the

NOTE Confidence: 0.880171282

 $00:44:37.786 \longrightarrow 00:44:39.552$ long term outcomes of surveilling

NOTE Confidence: 0.880171282

 $00:44:39.552 \longrightarrow 00:44:40.988$ these type of tumors.

NOTE Confidence: 0.880171282

 $00:44:40.990 \longrightarrow 00:44:41.902$ So as such,

NOTE Confidence: 0.880171282

 $00:44:41.902 \longrightarrow 00:44:44.030$ RA has been considered as an alternative

NOTE Confidence: 0.880171282

 $00:44:44.093 \longrightarrow 00:44:46.313$ to the active surveillance or thyroid

 $00:44:46.313 \longrightarrow 00:44:48.060$ lobectomy for these T1B lesions.

NOTE Confidence: 0.758425759

 $00{:}44{:}50.680 \dashrightarrow 00{:}44{:}52.934$ A recent study just published this year

NOTE Confidence: 0.758425759

 $00:44:52.934 \longrightarrow 00:44:55.012$ sought to compare the clinical outcomes

NOTE Confidence: 0.758425759

 $00:44:55.012 \longrightarrow 00:44:57.462$ of between thyroid lobectomy and RFA for

NOTE Confidence: 0.758425759

00:44:57.527 --> 00:44:59.466 the treatment of these T1B lesions and

NOTE Confidence: 0.758425759

 $00{:}44{:}59.466 \to 00{:}45{:}02.080$ they had a pretty long term follow up.

NOTE Confidence: 0.758425759

 $00:45:02.080 \longrightarrow 00:45:05.470$ So there were 1500 patients who

NOTE Confidence: 0.758425759

 $00:45:05.470 \longrightarrow 00:45:08.894$ underwent surgery and 156 who chose RFA.

NOTE Confidence: 0.758425759

00:45:08.894 --> 00:45:11.480 And of those after exclusion criteria,

NOTE Confidence: 0.758425759

 $00{:}45{:}11.480 \dashrightarrow 00{:}45{:}13.736$ 91 patients who underwent RFA and

NOTE Confidence: 0.758425759

 $00:45:13.740 \longrightarrow 00:45:15.900$ 192 patients were treated with a

NOTE Confidence: 0.758425759

00:45:15.900 --> 00:45:17.785 thyroid lobectomy and they were

NOTE Confidence: 0.758425759

 $00{:}45{:}17.785 \dashrightarrow 00{:}45{:}20.035$ included in this study for comparison.

NOTE Confidence: 0.758425759

 $00:45:20.040 \longrightarrow 00:45:22.497$ So the RFA procedure was performed by

NOTE Confidence: 0.758425759

00:45:22.497 --> 00:45:24.508 two experienced US physicians who had

00:45:24.508 --> 00:45:26.470 more than five years experience in

NOTE Confidence: 0.758425759

 $00{:}45{:}26.528 \dashrightarrow 00{:}45{:}28.700$ performing RFA and all RFA patients

NOTE Confidence: 0.758425759

 $00{:}45{:}28.700 \dashrightarrow 00{:}45{:}30.790$ underwent a single session procedure.

NOTE Confidence: 0.758425759

 $00:45:30.790 \longrightarrow 00:45:32.258$ During the follow up,

NOTE Confidence: 0.758425759

 $00:45:32.258 \longrightarrow 00:45:34.093$ there were no significant differences

NOTE Confidence: 0.758425759

 $00{:}45{:}34.093 \dashrightarrow 00{:}45{:}36.558$ found in terms of local tumor progression,

NOTE Confidence: 0.758425759

 $00:45:36.560 \longrightarrow 00:45:37.769$ lymph node metastasis,

NOTE Confidence: 0.758425759

00:45:37.769 --> 00:45:39.784 recurrent tumor or persistent tumor

NOTE Confidence: 0.758425759

 $00{:}45{:}39.784 \longrightarrow 00{:}45{:}42.513$ in the RA treated group or the

NOTE Confidence: 0.758425759

 $00:45:42.513 \longrightarrow 00:45:43.629$ thyroid lobectomy group.

NOTE Confidence: 0.758425759

 $00{:}45{:}43.630 \dashrightarrow 00{:}45{:}45.365$ Recurrence free survival rates were

NOTE Confidence: 0.758425759

 $00:45:45.365 \longrightarrow 00:45:47.750$ noted at one in four years and

NOTE Confidence: 0.758425759

 $00:45:47.750 \longrightarrow 00:45:50.674$ they were 98 and 95% in the RFA

NOTE Confidence: 0.758425759

 $00:45:50.674 \longrightarrow 00:45:54.046$ group and 97 and 96% in the thyroid

NOTE Confidence: 0.758425759

00:45:54.046 --> 00:45:55.408 lobectomy group respectively.

NOTE Confidence: 0.758425759

 $00:45:55.410 \longrightarrow 00:45:58.133$ So this was an important study that

 $00:45:58.133 \longrightarrow 00:45:59.716$ revealed comparable results between

NOTE Confidence: 0.758425759

 $00{:}45{:}59.716 \dashrightarrow 00{:}46{:}01.828$ thyroid lobectomy and RF ablation of

NOTE Confidence: 0.758425759

 $00{:}46{:}01.828 \dashrightarrow 00{:}46{:}04.107$ a T1 thyroid cancer and it suggests

NOTE Confidence: 0.758425759

 $00:46:04.107 \longrightarrow 00:46:06.306$ that RFA may have a role in the

NOTE Confidence: 0.758425759

 $00:46:06.306 \longrightarrow 00:46:07.218$ management of these tumors.

NOTE Confidence: 0.755860844

 $00:46:09.870 \longrightarrow 00:46:11.796$ So as RFA and other thermal

NOTE Confidence: 0.755860844

 $00:46:11.796 \longrightarrow 00:46:13.080$ ablation techniques continue to

NOTE Confidence: 0.755860844

 $00:46:13.143 \longrightarrow 00:46:14.668$ expand in the United States,

NOTE Confidence: 0.755860844

 $00:46:14.670 \longrightarrow 00:46:16.566$ undoubtedly its role in the management

NOTE Confidence: 0.755860844

 $00{:}46{:}16.566 \dashrightarrow 00{:}46{:}18.459$ of thyroid disease for both online

NOTE Confidence: 0.755860844

 $00:46:18.459 \longrightarrow 00:46:20.169$ and malignant conditions will need to

NOTE Confidence: 0.755860844

 $00:46:20.169 \longrightarrow 00:46:22.248$ be re examined and and considered.

NOTE Confidence: 0.755860844

 $00{:}46{:}22.250 \dashrightarrow 00{:}46{:}24.062$ There are several societies currently and

NOTE Confidence: 0.755860844

 $00:46:24.062 \longrightarrow 00:46:25.870$ organizations that have begun this process,

NOTE Confidence: 0.755860844

00:46:25.870 --> 00:46:27.910 including the American Thyroid Association,

00:46:27.910 --> 00:46:29.990 American Association of Endocrine Surgeons,

NOTE Confidence: 0.755860844

 $00{:}46{:}29.990 \dashrightarrow 00{:}46{:}32.258$ American Head and Neck Society and the

NOTE Confidence: 0.755860844

 $00{:}46{:}32.258 \dashrightarrow 00{:}46{:}33.950$ Society of Interventional Radiologists.

NOTE Confidence: 0.755860844

 $00:46:33.950 \longrightarrow 00:46:35.528$ And the emerging experience from the

NOTE Confidence: 0.755860844

00:46:35.528 --> 00:46:37.057 United States is certainly going to

NOTE Confidence: 0.755860844

 $00{:}46{:}37.057 \dashrightarrow 00{:}46{:}38.576$ contribute to the literature and to what

NOTE Confidence: 0.755860844

 $00:46:38.576 \longrightarrow 00:46:40.586$ we know about the treatment of these nodules.

NOTE Confidence: 0.755860844

00:46:40.590 --> 00:46:42.678 And hopefully we'll be consolidated with

NOTE Confidence: 0.755860844

 $00{:}46{:}42.678 {\:\dashrightarrow\:} 00{:}46{:}44.797$ the international experience so that we

NOTE Confidence: 0.755860844

 $00{:}46{:}44.797 \dashrightarrow 00{:}46{:}46.487$ can formulate some recommendation and

NOTE Confidence: 0.755860844

 $00{:}46{:}46.487 \dashrightarrow 00{:}46{:}47.962$ guidelines for the safe implementation

NOTE Confidence: 0.755860844

 $00:46:47.962 \longrightarrow 00:46:49.377$ implementation of this technique to

NOTE Confidence: 0.755860844

 $00:46:49.377 \longrightarrow 00:46:51.190$ our patients here in the United States.

NOTE Confidence: 0.894121431538461

00:46:53.680 --> 00:46:55.451 So thank you very much for your

NOTE Confidence: 0.894121431538461

 $00:46:55.451 \longrightarrow 00:46:57.308$ time and I'm open to questions.

NOTE Confidence: 0.745150876

 $00:47:04.640 \longrightarrow 00:47:08.390$ Thanks Courtney. There any questions?

00:47:08.390 --> 00:47:11.198 I think maybe maybe let me start it off.

NOTE Confidence: 0.745150876

00:47:11.200 --> 00:47:12.946 You know obviously this is great

NOTE Confidence: 0.745150876

 $00{:}47{:}12.946 \dashrightarrow 00{:}47{:}14.440$ and very exciting and thank

NOTE Confidence: 0.745150876

 $00:47:14.440 \longrightarrow 00:47:16.060$ you for sharing all the data.

NOTE Confidence: 0.745150876

00:47:16.060 --> 00:47:17.628 You know, two things. So number one,

NOTE Confidence: 0.745150876

 $00:47:17.630 \longrightarrow 00:47:19.460$ maybe just from an anatomical standpoint,

NOTE Confidence: 0.745150876

00:47:19.460 --> 00:47:21.119 you know when we're doing surgeries we

NOTE Confidence: 0.745150876

 $00:47:21.119 \longrightarrow 00:47:22.662$ always worry about the recurrent laryngeal

NOTE Confidence: 0.745150876

 $00:47:22.662 \longrightarrow 00:47:24.496$ nerve or all the vasculature around it.

NOTE Confidence: 0.745150876

00:47:24.500 --> 00:47:26.812 And conceivably if you're putting a very hot

NOTE Confidence: 0.745150876

00:47:26.812 --> 00:47:29.339 sort of radio frequency in that same zone,

NOTE Confidence: 0.745150876

 $00:47:29.340 \longrightarrow 00:47:30.576$ you know, we worry about cautery

NOTE Confidence: 0.745150876

 $00:47:30.576 \longrightarrow 00:47:31.560$ getting too close to it.

NOTE Confidence: 0.745150876

00:47:31.560 --> 00:47:33.736 So how do you kind of reconcile that?

NOTE Confidence: 0.745150876

 $00:47:33.740 \longrightarrow 00:47:34.760$ And then I think secondly,

 $00:47:34.760 \longrightarrow 00:47:36.650$ maybe can you speak a little

NOTE Confidence: 0.745150876

 $00:47:36.650 \longrightarrow 00:47:38.700$ bit about are there biomarkers?

NOTE Confidence: 0.745150876

00:47:38.700 --> 00:47:40.884 That'll help us identify the three cohorts,

NOTE Confidence: 0.745150876

 $00:47:40.890 \longrightarrow 00:47:41.542$ you know,

NOTE Confidence: 0.745150876

00:47:41.542 --> 00:47:43.824 the patients that can just be watched,

NOTE Confidence: 0.745150876

00:47:43.830 --> 00:47:45.930 patients that should have some sort of

NOTE Confidence: 0.745150876

 $00:47:45.930 \longrightarrow 00:47:47.496$ radio frequency ablation and patients

NOTE Confidence: 0.745150876

00:47:47.496 --> 00:47:49.021 that should actually have surgery

NOTE Confidence: 0.745150876

 $00:47:49.021 \longrightarrow 00:47:50.692$ or something more that may help

NOTE Confidence: 0.745150876

00:47:50.692 --> 00:47:52.330 guide this because you know any new

NOTE Confidence: 0.745150876

 $00{:}47{:}52.330 \dashrightarrow 00{:}47{:}54.676$ technology has this worry of indication

NOTE Confidence: 0.745150876

00:47:54.676 --> 00:47:57.077 creep or overuse of the technology

NOTE Confidence: 0.745150876

 $00:47:57.077 \longrightarrow 00:47:59.363$ or lack of safety for patients.

NOTE Confidence: 0.745150876

 $00{:}47{:}59.370 \dashrightarrow 00{:}48{:}00.890$ And so how are you thinking about it

NOTE Confidence: 0.745150876

 $00:48:00.890 \longrightarrow 00:48:02.409$ and maybe speak a little bit about Yale

NOTE Confidence: 0.745150876

 $00:48:02.409 \longrightarrow 00:48:04.297$ and how do you think we'll implement that?

 $00:48:04.410 \longrightarrow 00:48:06.384$ Yes. So to answer the first question,

NOTE Confidence: 0.837630778571429

 $00{:}48{:}06.390 \dashrightarrow 00{:}48{:}08.774$ yes, of course, you know the the most.

NOTE Confidence: 0.837630778571429

 $00:48:08.780 \longrightarrow 00:48:10.500$ Significant and complication after

NOTE Confidence: 0.837630778571429

00:48:10.500 --> 00:48:12.650 treatment of thyroid nodules surgically

NOTE Confidence: 0.837630778571429

 $00:48:12.650 \longrightarrow 00:48:15.162$ with radiation or with any type of

NOTE Confidence: 0.837630778571429

 $00:48:15.162 \longrightarrow 00:48:17.199$ percutaneous treatments is going to be

NOTE Confidence: 0.837630778571429

00:48:17.199 --> 00:48:19.077 injury to the recurrent laryngeal nerve.

NOTE Confidence: 0.837630778571429

 $00:48:19.080 \longrightarrow 00:48:20.417$ And so the best way to avoid

NOTE Confidence: 0.837630778571429

 $00:48:20.417 \longrightarrow 00:48:21.952$ that is to always identify where

NOTE Confidence: 0.837630778571429

 $00:48:21.952 \longrightarrow 00:48:23.457$ your needle tip is located.

NOTE Confidence: 0.837630778571429

00:48:23.460 --> 00:48:25.068 So that's why it's important to

NOTE Confidence: 0.837630778571429

 $00{:}48{:}25.068 \dashrightarrow 00{:}48{:}26.620$ have real time ultrasound guidance.

NOTE Confidence: 0.837630778571429

 $00{:}48{:}26.620 \to 00{:}48{:}28.340$ And you know the the way you enter

NOTE Confidence: 0.837630778571429

 $00{:}48{:}28.340 \dashrightarrow 00{:}48{:}30.182$ the nodule is less important as to

NOTE Confidence: 0.837630778571429

 $00:48:30.182 \longrightarrow 00:48:31.861$ identifying where that needle tip is

 $00:48:31.861 \longrightarrow 00:48:33.176$ and understanding that the ablation

NOTE Confidence: 0.837630778571429

 $00:48:33.176 \longrightarrow 00:48:35.475$ zone is going to be 3 to 5 millimeters

NOTE Confidence: 0.837630778571429

 $00:48:35.475 \longrightarrow 00:48:37.481$ beyond the tip of that lesion, right.

NOTE Confidence: 0.837630778571429

 $00:48:37.481 \longrightarrow 00:48:38.384$ So sometimes as.

NOTE Confidence: 0.837630778571429

 $00:48:38.384 \longrightarrow 00:48:40.815$ You as you know as surgeons we always

NOTE Confidence: 0.837630778571429

00:48:40.815 --> 00:48:42.789 try and be better and best right,

NOTE Confidence: 0.837630778571429

 $00:48:42.790 \longrightarrow 00:48:44.870$ but sometimes we have to take a foot

NOTE Confidence: 0.837630778571429

 $00:48:44.870 \longrightarrow 00:48:47.113$ off the pedal little bit and recognize

NOTE Confidence: 0.837630778571429

 $00:48:47.113 \longrightarrow 00:48:49.370$ that it's better to leave a smaller

NOTE Confidence: 0.837630778571429

 $00:48:49.370 \longrightarrow 00:48:51.698$ ablation area that may be remain

NOTE Confidence: 0.837630778571429

 $00{:}48{:}51.698 {\:{\mbox{--}}\!>}\ 00{:}48{:}54.589$ unabated as opposed to causing an injury.

NOTE Confidence: 0.837630778571429

00:48:54.590 --> 00:48:57.138 And again you know greater than 50%

NOTE Confidence: 0.837630778571429

 $00:48:57.140 \longrightarrow 00:48:59.000$ reduction in volume is significant and

NOTE Confidence: 0.837630778571429

 $00:48:59.000 \longrightarrow 00:49:00.770$ as considered an effective treatment.

NOTE Confidence: 0.837630778571429

 $00:49:00.770 \longrightarrow 00:49:02.372$ So you can kind of come off of the

NOTE Confidence: 0.837630778571429

 $00:49:02.372 \longrightarrow 00:49:03.879$ border of that nodule and still be

 $00:49:03.879 \longrightarrow 00:49:05.216$ confident that at the six month

NOTE Confidence: 0.837630778571429

 $00{:}49{:}05.216 \dashrightarrow 00{:}49{:}06.742$ time point you're going to have at

NOTE Confidence: 0.837630778571429

 $00:49:06.742 \longrightarrow 00:49:08.650$ least that 50% reduction in volume.

NOTE Confidence: 0.837630778571429

 $00:49:08.650 \longrightarrow 00:49:10.162$ The most important thing is that

NOTE Confidence: 0.837630778571429 00:49:10.162 --> 00:49:10.666 the patients.

NOTE Confidence: 0.837630778571429

 $00{:}49{:}10.670 \dashrightarrow 00{:}49{:}13.262$ Feel that their cosmetic or compressive

NOTE Confidence: 0.837630778571429

 $00:49:13.262 \longrightarrow 00:49:14.622$ symptoms have resolved and also

NOTE Confidence: 0.837630778571429

 $00:49:14.622 \longrightarrow 00:49:16.590$ you can live to fight another day.

NOTE Confidence: 0.837630778571429

 $00{:}49{:}16.590 \dashrightarrow 00{:}49{:}18.050$ And and so appropriate patient

NOTE Confidence: 0.837630778571429

 $00{:}49{:}18.050 \dashrightarrow 00{:}49{:}19.825$ education is important to let them

NOTE Confidence: 0.837630778571429

00:49:19.825 --> 00:49:21.373 know that sometimes it may require

NOTE Confidence: 0.837630778571429

 $00{:}49{:}21.373 \dashrightarrow 00{:}49{:}23.129$ more than one ablation procedure.

NOTE Confidence: 0.837630778571429

 $00{:}49{:}23.130 --> 00{:}49{:}24.708$ But again it's like going in,

NOTE Confidence: 0.837630778571429

 $00:49:24.710 \longrightarrow 00:49:25.883$ I'm oversimplifying it,

NOTE Confidence: 0.837630778571429

 $00:49:25.883 \longrightarrow 00:49:28.620$ but it's similar to going in for

 $00:49:28.692 \longrightarrow 00:49:29.808$ a needle biopsy.

NOTE Confidence: 0.837630778571429

 $00:49:29.810 \longrightarrow 00:49:31.310$ You know obviously a bit more

NOTE Confidence: 0.837630778571429

 $00:49:31.310 \longrightarrow 00:49:33.109$ complex and and a bit more risk.

NOTE Confidence: 0.837630778571429

00:49:33.110 --> 00:49:34.670 But if you explain that thoroughly

NOTE Confidence: 0.837630778571429

 $00:49:34.670 \longrightarrow 00:49:35.450$ to the patient,

NOTE Confidence: 0.837630778571429

 $00:49:35.450 \longrightarrow 00:49:36.885$ I think that's the safest way to

NOTE Confidence: 0.837630778571429

 $00:49:36.885 \longrightarrow 00:49:38.425$ kind of stay safe and also just

NOTE Confidence: 0.837630778571429

 $00:49:38.425 \longrightarrow 00:49:40.033$ keeping an eye on that needle tip

NOTE Confidence: 0.837630778571429

 $00{:}49{:}40.033 \dashrightarrow 00{:}49{:}41.515$ regardless of which way you enter.

NOTE Confidence: 0.837630778571429

 $00:49:41.520 \longrightarrow 00:49:42.990$ The thyroid and the needle.

NOTE Confidence: 0.837630778571429

 $00{:}49{:}42.990 \dashrightarrow 00{:}49{:}44.165$ And then your second question

NOTE Confidence: 0.837630778571429

00:49:44.165 --> 00:49:45.800 was talking about how can we we

NOTE Confidence: 0.837630778571429

 $00:49:45.800 \longrightarrow 00:49:46.835$ always think about this too,

NOTE Confidence: 0.837630778571429

00:49:46.840 --> 00:49:49.006 so how do we know which?

NOTE Confidence: 0.837630778571429

 $00:49:49.010 \longrightarrow 00:49:50.912$ Thyroid cancers are going to be

NOTE Confidence: 0.837630778571429

 $00{:}49{:}50.912 \dashrightarrow 00{:}49{:}52.830$ bad players as opposed to others.

 $00:49:52.830 \longrightarrow 00:49:55.350$ And I think that we we just don't know,

NOTE Confidence: 0.837630778571429 00:49:55.350 --> 00:49:55.580 right. NOTE Confidence: 0.837630778571429

 $00{:}49{:}55.580 \rightarrow 00{:}49{:}57.650$ We we think we have an idea we'll see.

NOTE Confidence: 0.837630778571429

 $00:49:57.650 \longrightarrow 00:50:00.062$ And so that's why even with

NOTE Confidence: 0.837630778571429

00:50:00.062 --> 00:50:01.670 tirade evaluation of thyroid,

NOTE Confidence: 0.837630778571429

 $00:50:01.670 \longrightarrow 00:50:03.344$ ultrasound nodules will say that if

NOTE Confidence: 0.837630778571429

 $00:50:03.344 \longrightarrow 00:50:05.507$ it's a tie rods one or two lesion,

NOTE Confidence: 0.837630778571429

 $00{:}50{:}05.510 \dashrightarrow 00{:}50{:}06.788$ we treat that like it's benign.

NOTE Confidence: 0.837630778571429

 $00:50:06.790 \longrightarrow 00:50:08.288$ We don't have to worry about it.

NOTE Confidence: 0.837630778571429

 $00{:}50{:}08.290 \dashrightarrow 00{:}50{:}09.565$ There's sometimes nodules that are

NOTE Confidence: 0.837630778571429

 $00:50:09.565 \longrightarrow 00:50:11.141$ less than a centimeter and they

NOTE Confidence: 0.837630778571429

00:50:11.141 --> 00:50:12.396 don't meet criteria for biopsy,

NOTE Confidence: 0.837630778571429

 $00{:}50{:}12.400 \dashrightarrow 00{:}50{:}13.990$ but they have some characteristics

NOTE Confidence: 0.837630778571429

 $00{:}50{:}13.990 \dashrightarrow 00{:}50{:}15.262$ like microcal cifications that put

NOTE Confidence: 0.837630778571429

00:50:15.262 --> 00:50:16.873 them up to like a tyrant four or

00:50:16.873 --> 00:50:18.328 five and what do we do with those.

NOTE Confidence: 0.837630778571429

 $00{:}50{:}18.330 \dashrightarrow 00{:}50{:}19.526$ So sometimes some patients.

NOTE Confidence: 0.837630778571429

 $00:50:19.526 \longrightarrow 00:50:21.320$ Those those nodules biopsied and they

NOTE Confidence: 0.837630778571429

 $00:50:21.372 \longrightarrow 00:50:23.396$ turned out to be a papillary thyroid cancer.

NOTE Confidence: 0.837630778571429

 $00:50:23.400 \longrightarrow 00:50:24.800$ Other times people more strictly

NOTE Confidence: 0.837630778571429

 $00:50:24.800 \longrightarrow 00:50:26.200$ follow that criteria and they

NOTE Confidence: 0.8231446125

00:50:26.252 --> 00:50:28.140 don't biopsy, they they observe it you

NOTE Confidence: 0.8231446125

00:50:28.140 --> 00:50:30.314 know for another three to six months and

NOTE Confidence: 0.8231446125

 $00:50:30.314 \longrightarrow 00:50:32.211$ re biopsy and find that those nodules

NOTE Confidence: 0.8231446125

 $00:50:32.266 \longrightarrow 00:50:34.037$ either have cancer or they do not.

NOTE Confidence: 0.8231446125

 $00:50:34.040 \longrightarrow 00:50:38.310$ You know I just think that we just need more.

NOTE Confidence: 0.8231446125

00:50:38.310 --> 00:50:40.488 Experience in looking at these nodules,

NOTE Confidence: 0.8231446125

 $00:50:40.490 \longrightarrow 00:50:41.394$ observing them over time.

NOTE Confidence: 0.8231446125

 $00:50:41.394 \longrightarrow 00:50:42.750$ You have to observe the Natural

NOTE Confidence: 0.8231446125

 $00:50:42.794 \longrightarrow 00:50:44.030$ History of them. But that means,

NOTE Confidence: 0.8231446125

 $00:50:44.030 \longrightarrow 00:50:45.390$ you know, without intervention really.

00:50:45.390 --> 00:50:48.170 And so that it's very it's harder, I think,

NOTE Confidence: 0.8231446125

 $00{:}50{:}48.170 \dashrightarrow 00{:}50{:}50{:}330$ in the United States to not do something

NOTE Confidence: 0.8231446125

 $00:50:50.385 \longrightarrow 00:50:52.809$ both for the patient and for their provider.

NOTE Confidence: 0.8231446125

 $00:50:52.810 \longrightarrow 00:50:54.762$ I've seen plenty of cases where I've taken

NOTE Confidence: 0.8231446125

 $00:50:54.762 \longrightarrow 00:50:57.108$ out a 1 centimeter or less small thyroid

NOTE Confidence: 0.8231446125

 $00{:}50{:}57.108 \dashrightarrow 00{:}50{:}59.029$ cancer patient never had a recurrence.

NOTE Confidence: 0.8231446125

 $00:50:59.030 \longrightarrow 00:51:00.150$ They're happy and fine.

NOTE Confidence: 0.8231446125

 $00:51:00.150 \longrightarrow 00:51:02.101$ There have been cases where they've had

NOTE Confidence: 0.8231446125

 $00{:}51{:}02.101 \dashrightarrow 00{:}51{:}03.885$ to be on thy roid hormone and then I've

NOTE Confidence: 0.8231446125

 $00{:}51{:}03.885 \dashrightarrow 00{:}51{:}05.816$ seen cases where a small nodule where I

NOTE Confidence: 0.8231446125

 $00{:}51{:}05.816 \to 00{:}51{:}08.590$ was planning to just do a lobectomy on.

NOTE Confidence: 0.8231446125

 $00:51:08.590 \longrightarrow 00:51:10.144$ Because it was less than a centimeter,

NOTE Confidence: 0.8231446125

 $00{:}51{:}10.150 \dashrightarrow 00{:}51{:}12.298$ but then that patient presents with

NOTE Confidence: 0.8231446125

 $00:51:12.300 \longrightarrow 00:51:14.625$ a palpable or clinically relevant

NOTE Confidence: 0.8231446125

00:51:14.625 --> 00:51:16.020 lateral neck disease,

 $00:51:16.020 \longrightarrow 00:51:16.324$ lymphadenopathy.

NOTE Confidence: 0.8231446125

 $00:51:16.324 \longrightarrow 00:51:18.452$ So despite it being a small lesion

NOTE Confidence: 0.8231446125

 $00:51:18.452 \longrightarrow 00:51:20.174$ that had escaped to the lateral

NOTE Confidence: 0.8231446125

 $00:51:20.174 \longrightarrow 00:51:21.758$ neck and that patient needs a

NOTE Confidence: 0.8231446125

 $00:51:21.811 \longrightarrow 00:51:23.686$ maximally invasive type of procedure.

NOTE Confidence: 0.8231446125

 $00:51:23.690 \longrightarrow 00:51:25.642$ So I think we just need more time

NOTE Confidence: 0.8231446125

00:51:25.642 --> 00:51:27.266 and experience and and and

NOTE Confidence: 0.8231446125

00:51:27.266 --> 00:51:28.616 biomarkers to try and determine

NOTE Confidence: 0.8231446125

00:51:28.616 --> 00:51:30.207 which ones are the bad players,

NOTE Confidence: 0.8231446125

 $00:51:30.210 \longrightarrow 00:51:31.491$ can we predict them in advance and

NOTE Confidence: 0.8231446125

00:51:31.491 --> 00:51:33.107 to date I don't think we have a

NOTE Confidence: 0.8231446125

 $00:51:33.107 \longrightarrow 00:51:34.380$ very good way of predicting that.

NOTE Confidence: 0.817456704444445

 $00:51:46.270 \longrightarrow 00:51:48.286$ So that that last that last

NOTE Confidence: 0.8174567044444445

 $00:51:48.286 \longrightarrow 00:51:50.354$ study that you talked about was

NOTE Confidence: 0.817456704444445

 $00:51:50.354 \longrightarrow 00:51:52.310$ pretty was kind of a teaser.

NOTE Confidence: 0.817456704444445

00:51:52.310 --> 00:51:54.116 Do you think that it's going to

00:51:54.116 --> 00:51:55.808 be equivalent or are you going to

NOTE Confidence: 0.817456704444445

 $00{:}51{:}55.810 \dashrightarrow 00{:}51{:}58.925$ start offering the RFA for your for

NOTE Confidence: 0.817456704444445

00:51:58.925 --> 00:52:01.589 your patients with thyroid cancer?

NOTE Confidence: 0.817456704444445

 $00:52:01.590 \longrightarrow 00:52:03.822$ And the other part of that was that

NOTE Confidence: 0.817456704444445

 $00:52:03.822 \longrightarrow 00:52:05.981$ there were originally over 1000 patients

NOTE Confidence: 0.817456704444445

 $00:52:05.981 \longrightarrow 00:52:08.677$ that were eligible for that study but

NOTE Confidence: 0.817456704444445

00:52:08.677 --> 00:52:10.715 ended up comparing only about 190

NOTE Confidence: 0.817456704444445

 $00{:}52{:}10.715 \dashrightarrow 00{:}52{:}13.635$ some and so is there really just a

NOTE Confidence: 0.817456704444445

00:52:13.635 --> 00:52:16.390 certain subset of of thyroid cancers?

NOTE Confidence: 0.817456704444445

 $00:52:16.390 \longrightarrow 00:52:20.078$ That that could be addressed by by RFA.

NOTE Confidence: 0.8174567044444445

 $00:52:20.080 \longrightarrow 00:52:21.940$ Great talk. Thank you. Thanks.

NOTE Confidence: 0.817456704444445

 $00:52:21.940 \longrightarrow 00:52:24.238$ So, yes, so very good questions.

NOTE Confidence: 0.817456704444445

 $00{:}52{:}24.240 \dashrightarrow 00{:}52{:}26.481$ I think there's a lot that we don't know

NOTE Confidence: 0.817456704444445

 $00:52:26.481 \longrightarrow 00:52:28.505$ about how best to implement this, right.

NOTE Confidence: 0.817456704444445

 $00:52:28.505 \longrightarrow 00:52:30.465$ So I think the guidelines to date and

 $00:52:30.465 \longrightarrow 00:52:32.218$ the experience worldwide has largely

NOTE Confidence: 0.817456704444445

 $00:52:32.218 \longrightarrow 00:52:34.033$ been for benign thyroid nodule.

NOTE Confidence: 0.817456704444445

 $00:52:34.040 \longrightarrow 00:52:35.258$ So I think here in the US,

NOTE Confidence: 0.817456704444445

00:52:35.260 --> 00:52:36.778 we're becoming more comfortable with saying,

NOTE Confidence: 0.817456704444445

00:52:36.780 --> 00:52:38.634 OK, this is an appropriate potential

NOTE Confidence: 0.817456704444445

00:52:38.634 --> 00:52:40.280 intervention for benign thyroid nodules,

NOTE Confidence: 0.817456704444445 00:52:40.280 --> 00:52:40.671 right. NOTE Confidence: 0.817456704444445

00:52:40.671 --> 00:52:43.017 And and the literature supports that,

NOTE Confidence: 0.817456704444445

 $00:52:43.020 \longrightarrow 00:52:45.060$ what we don't have and in the case

NOTE Confidence: 0.817456704444445

00:52:45.060 --> 00:52:46.796 of recurrences or in patients who

NOTE Confidence: 0.8174567044444445

 $00{:}52{:}46.796 \dashrightarrow 00{:}52{:}48.256$ would not qualify for surgery

NOTE Confidence: 0.817456704444445

 $00:52:48.256 \longrightarrow 00:52:50.056$ because of other comorbidities, OK.

NOTE Confidence: 0.817456704444445

 $00:52:50.056 \longrightarrow 00:52:51.848$ Yeah, here's another thing we can offer.

NOTE Confidence: 0.8174567044444445

00:52:51.850 --> 00:52:53.308 Without just sitting and knowing that

NOTE Confidence: 0.817456704444445

00:52:53.308 --> 00:52:54.660 it's there and potentially going to,

NOTE Confidence: 0.817456704444445

 $00{:}52{:}54.660 \dashrightarrow 00{:}52{:}55.890$ you know, cause some problems.

00:52:55.890 --> 00:52:59.229 So what we're trying to define and decide is,

NOTE Confidence: 0.817456704444445

 $00:52:59.230 \longrightarrow 00:53:01.465$ is this an effective treatment

NOTE Confidence: 0.817456704444445

 $00:53:01.465 \longrightarrow 00:53:02.980$ for these small PTC's,

NOTE Confidence: 0.817456704444445

 $00:53:02.980 \longrightarrow 00:53:04.170$ which is the question of the day.

NOTE Confidence: 0.817456704444445

00:53:04.170 --> 00:53:05.358 And if I had that answer, probably,

NOTE Confidence: 0.817456704444445

00:53:05.358 --> 00:53:06.862 you know, I wouldn't be here right now,

NOTE Confidence: 0.817456704444444500:53:06.870 --> 00:53:07.283 right.

NOTE Confidence: 0.817456704444445

 $00{:}53{:}07.283 \to 00{:}53{:}10.174$ So I think it's going to have

NOTE Confidence: 0.817456704444445

 $00:53:10.174 \longrightarrow 00:53:12.570$ to involve a lot of education,

NOTE Confidence: 0.817456704444445

 $00{:}53{:}12.570 \dashrightarrow 00{:}53{:}14.124$ a lot of experience on the part

NOTE Confidence: 0.817456704444445

00:53:14.124 --> 00:53:15.812 of the provider who's doing this

NOTE Confidence: 0.817456704444445

 $00:53:15.812 \longrightarrow 00:53:17.108$ intervention and comfort level.

NOTE Confidence: 0.817456704444445

00:53:17.110 --> 00:53:17.986 So, you know,

NOTE Confidence: 0.817456704444445

 $00:53:17.986 \longrightarrow 00:53:20.030$ the best way to have an effective

NOTE Confidence: 0.817456704444445

 $00:53:20.030 \longrightarrow 00:53:22.256$ implementation of a new program is.

00:53:22.260 --> 00:53:24.534 To really pick the ideal candidates, right.

NOTE Confidence: 0.817456704444445

 $00:53:24.534 \longrightarrow 00:53:26.406$ So you want lesions that are about 2

NOTE Confidence: 0.817456704444445

 $00:53:26.406 \longrightarrow 00:53:28.064$ centimeters or so, so not too small,

NOTE Confidence: 0.817456704444445

 $00:53:28.064 \longrightarrow 00:53:29.750$ so that you'll damage some surrounding

NOTE Confidence: 0.817456704444445

 $00:53:29.806 \longrightarrow 00:53:30.560$ healthy tissue,

NOTE Confidence: 0.817456704444445

 $00:53:30.560 \longrightarrow 00:53:32.132$ not too large that you'll have

NOTE Confidence: 0.817456704444445

 $00:53:32.132 \longrightarrow 00:53:32.918$ an ineffective outcome,

NOTE Confidence: 0.817456704444445

00:53:32.920 --> 00:53:34.677 but just to kind of perfect size.

NOTE Confidence: 0.817456704444445

00:53:34.680 --> 00:53:36.626 And you want to start with benign

NOTE Confidence: 0.817456704444445

00:53:36.626 --> 00:53:38.793 thyroid nodules so that you can get

NOTE Confidence: 0.817456704444445

 $00{:}53{:}38.793 \mathrel{--}{>} 00{:}53{:}40.393$ an effective improvement in symptoms,

NOTE Confidence: 0.817456704444445

 $00:53:40.400 \longrightarrow 00:53:44.960$ I think no matter what, even if I take out.

NOTE Confidence: 0.817456704444445

 $00:53:44.960 \longrightarrow 00:53:46.772$ UH-1 centimeter thyroid cancer by doing

NOTE Confidence: 0.8174567044444445

00:53:46.772 --> 00:53:49.168 a lobectomy or even a total thyroidectomy,

NOTE Confidence: 0.817456704444445

00:53:49.170 --> 00:53:50.760 there's still no guarantee that that

NOTE Confidence: 0.817456704444445

 $00:53:50.760 \longrightarrow 00:53:52.450$ patient will never have a recurrence.

 $00:53:52.450 \longrightarrow 00:53:54.788$ We feel pretty strongly that they won't.

NOTE Confidence: 0.817456704444445

 $00:53:54.790 \longrightarrow 00:53:55.722$ But if there was,

NOTE Confidence: 0.817456704444445 00:53:55.722 --> 00:53:56.188 you know, NOTE Confidence: 0.817456704444445

 $00:53:56.190 \longrightarrow 00:53:57.834$ single cells in transit that just

NOTE Confidence: 0.817456704444445

00:53:57.834 --> 00:53:58.930 wasn't detected on ultrasound,

NOTE Confidence: 0.817456704444445

 $00:53:58.930 \longrightarrow 00:54:00.586$ eventually they're going to show themselves.

NOTE Confidence: 0.817456704444445

 $00:54:00.590 \longrightarrow 00:54:02.246$ And we see that time and time again.

NOTE Confidence: 0.817456704444445

 $00:54:02.250 \longrightarrow 00:54:03.890$ We see it when we do a thyroid

NOTE Confidence: 0.817456704444445

 $00:54:03.890 \longrightarrow 00:54:05.396$ lobectomy for a small thyroid cancer

NOTE Confidence: 0.817456704444445

 $00{:}54{:}05.396 \dashrightarrow 00{:}54{:}06.962$ and then those patients are under

NOTE Confidence: 0.8174567044444445

 $00{:}54{:}07.014 \dashrightarrow 00{:}54{:}09.135$ surveillance with you all as the primary

NOTE Confidence: 0.817456704444445

 $00:54:09.135 \longrightarrow 00:54:10.604$ care and endocrinologist and three,

NOTE Confidence: 0.817456704444445

 $00{:}54{:}10.604 \dashrightarrow 00{:}54{:}12.543$ six months, two years down the line.

NOTE Confidence: 0.817456704444445

 $00:54:12.550 \longrightarrow 00:54:14.710$ OK, I see a little tired 4 lesion.

NOTE Confidence: 0.817456704444445

 $00:54:14.710 \longrightarrow 00:54:16.534$ In the in the remaining lobe

 $00:54:16.534 \longrightarrow 00:54:18.319$ and then that turns into OK,

NOTE Confidence: 0.796447958

 $00:54:18.320 \longrightarrow 00:54:20.192$ there's another focus of cancer or there's a

NOTE Confidence: 0.796447958

 $00:54:20.192 \longrightarrow 00:54:22.019$ single lymph node here that looks concerning.

NOTE Confidence: 0.796447958

 $00:54:22.020 \longrightarrow 00:54:23.916$ So I think there's no way to guarantee

NOTE Confidence: 0.796447958

 $00:54:23.916 \longrightarrow 00:54:26.001$ that cancer will not come back and I think

NOTE Confidence: 0.796447958

 $00:54:26.001 \longrightarrow 00:54:28.000$ patients have to understand that regardless,

NOTE Confidence: 0.796447958

 $00:54:28.000 \longrightarrow 00:54:29.995$ regardless of the intervention that you use.

NOTE Confidence: 0.796447958

 $00:54:30.000 \longrightarrow 00:54:31.770$ But to kind of more specifically

NOTE Confidence: 0.796447958

00:54:31.770 --> 00:54:32.655 answer your question,

NOTE Confidence: 0.796447958

00:54:32.660 --> 00:54:34.410 I think ultimately that would be my

NOTE Confidence: 0.796447958

 $00:54:34.410 \longrightarrow 00:54:36.784$ goal to be able to treat these small PTC

NOTE Confidence: 0.796447958

 $00:54:36.784 \longrightarrow 00:54:38.918$ because I do think that it's overkill.

NOTE Confidence: 0.796447958

 $00:54:38.920 \longrightarrow 00:54:40.402$ So many years ago when I

NOTE Confidence: 0.796447958

 $00{:}54{:}40.402 \dashrightarrow 00{:}54{:}41.720 \text{ first started here in } 2013,$

NOTE Confidence: 0.796447958

 $00:54:41.720 \longrightarrow 00:54:43.752$ we were doing a total thyroidectomy for our

NOTE Confidence: 0.796447958

 $00:54:43.752 \longrightarrow 00:54:45.400$ one centimeter thyroid cancer routinely.

 $00:54:45.400 \longrightarrow 00:54:47.410$ Total correctly, central neck dissection.

NOTE Confidence: 0.796447958

 $00:54:47.410 \longrightarrow 00:54:48.718$ And then you know,

NOTE Confidence: 0.796447958

 $00:54:48.718 \longrightarrow 00:54:50.353$ the American Association of Endocrine

NOTE Confidence: 0.796447958

00:54:50.353 --> 00:54:52.347 Surgeons and other organizations said OK,

NOTE Confidence: 0.796447958

 $00:54:52.350 \longrightarrow 00:54:53.916$ is this overkill because we're putting

NOTE Confidence: 0.796447958

00:54:53.916 --> 00:54:55.795 so many patients on lifelong thyroid

NOTE Confidence: 0.796447958

00:54:55.795 --> 00:54:57.359 hormone supplementation for cancer,

NOTE Confidence: 0.796447958

 $00:54:57.360 \longrightarrow 00:54:59.166$ that's likely not going to kill them.

NOTE Confidence: 0.796447958

 $00{:}54{:}59.170 \dashrightarrow 00{:}55{:}01.060$ You know, it requires some treatment,

NOTE Confidence: 0.796447958

 $00{:}55{:}01.060 \dashrightarrow 00{:}55{:}02.404$ but it's not going to kill them.

NOTE Confidence: 0.796447958

 $00{:}55{:}02.410 \dashrightarrow 00{:}55{:}04.129$ So then we kind of took a step back

NOTE Confidence: 0.796447958

 $00:55:04.129 \longrightarrow 00:55:05.843$ and and revised our guidelines to say

NOTE Confidence: 0.796447958

 $00{:}55{:}05.843 \dashrightarrow 00{:}55{:}07.742$ that a nodule up to 4 centimeters

NOTE Confidence: 0.796447958

 $00:55:07.742 \longrightarrow 00:55:09.187$ can be successfully treated with

NOTE Confidence: 0.796447958

 $00:55:09.187 \longrightarrow 00:55:10.025$ a thyroid lobectomy.

00:55:10.025 --> 00:55:12.320 Now I can tell you from the surgeon side,

NOTE Confidence: 0.796447958

 $00{:}55{:}12.320 \dashrightarrow 00{:}55{:}14.264$ many of us are reluctant to have a 4

NOTE Confidence: 0.796447958

 $00:55:14.264 \longrightarrow 00:55:15.627$ centimeter thyroid nodule and just.

NOTE Confidence: 0.796447958

00:55:15.630 --> 00:55:17.568 To a lobectomy on those nodules

NOTE Confidence: 0.796447958

 $00:55:17.568 \longrightarrow 00:55:19.456$ because the normal dimensions of a

NOTE Confidence: 0.796447958

 $00{:}55{:}19.456 \dashrightarrow 00{:}55{:}21.076$ thyroid gland or thyroid lobe is

NOTE Confidence: 0.796447958

 $00:55:21.076 \longrightarrow 00:55:22.677$ anywhere from 4 to 6 centimeters.

NOTE Confidence: 0.796447958

 $00:55:22.680 \longrightarrow 00:55:24.486$ So over 2/3 of the volume

NOTE Confidence: 0.796447958

 $00:55:24.486 \longrightarrow 00:55:26.280$ of that lobe is cancer.

NOTE Confidence: 0.796447958

00:55:26.280 --> 00:55:28.098 And I think that's, you know,

NOTE Confidence: 0.796447958

00:55:28.100 --> 00:55:30.260 not appropriate in my personal opinion,

NOTE Confidence: 0.796447958

 $00:55:30.260 \longrightarrow 00:55:32.740$ 2 centimeters or less reasonable.

NOTE Confidence: 0.796447958

 $00:55:32.740 \longrightarrow 00:55:34.528$ So you know.

NOTE Confidence: 0.796447958

00:55:34.528 --> 00:55:36.316 But with that,

NOTE Confidence: 0.796447958

 $00:55:36.320 \longrightarrow 00:55:37.745$ there's still always the chance

NOTE Confidence: 0.796447958

 $00:55:37.745 \longrightarrow 00:55:38.315$ of recurrence.

 $00:55:38.320 \longrightarrow 00:55:41.155 \text{ I I do think that as we get more}$

NOTE Confidence: 0.796447958

 $00:55:41.155 \longrightarrow 00:55:43.020$ comfortable and effective in performing

NOTE Confidence: 0.796447958

 $00:55:43.020 \longrightarrow 00:55:44.940$ the RF ablation for the benign,

NOTE Confidence: 0.796447958

 $00:55:44.940 \longrightarrow 00:55:45.705$ then there's this.

NOTE Confidence: 0.796447958

 $00:55:45.705 \longrightarrow 00:55:47.235$ Opportunity to kind of deal with.

NOTE Confidence: 0.796447958

 $00:55:47.240 \longrightarrow 00:55:48.759$ So the next phase will be like

NOTE Confidence: 0.796447958

00:55:48.759 --> 00:55:49.711 these indeterminate nodules, right,

NOTE Confidence: 0.796447958

 $00:55:49.711 \longrightarrow 00:55:51.216$ dealing with the indeterminate nodules.

NOTE Confidence: 0.796447958

00:55:51.220 --> 00:55:52.006 And then ultimately,

NOTE Confidence: 0.796447958

 $00:55:52.006 \longrightarrow 00:55:52.268$ yeah,

NOTE Confidence: 0.796447958

 $00:55:52.268 \longrightarrow 00:55:54.178$ I think the goal would be for

NOTE Confidence: 0.796447958

 $00:55:54.178 \longrightarrow 00:55:55.591$ these very small lesions ablating

NOTE Confidence: 0.796447958

 $00{:}55{:}55.591 \dashrightarrow 00{:}55{:}56.996$ those lesions and then following

NOTE Confidence: 0.796447958

00:55:56.996 --> 00:55:58.721 them over time and making sure

NOTE Confidence: 0.796447958

 $00:55:58.721 \longrightarrow 00:56:00.377$ that we are continuing to follow

 $00:56:00.377 \longrightarrow 00:56:01.449$ those patients over time.

NOTE Confidence: 0.796447958

 $00:56:01.450 \longrightarrow 00:56:03.378$ So that they do if they do present

NOTE Confidence: 0.796447958

 $00:56:03.378 \longrightarrow 00:56:04.974$ with you know locally advanced

NOTE Confidence: 0.796447958

 $00:56:04.974 \longrightarrow 00:56:06.993$ disease that they also still are

NOTE Confidence: 0.796447958

 $00:56:06.993 \longrightarrow 00:56:08.308$ able to get effective treatment.

NOTE Confidence: 0.796447958

00:56:08.310 --> 00:56:09.576 And I think that's important thing

NOTE Confidence: 0.796447958

00:56:09.576 --> 00:56:11.126 to note too is that surgery is

NOTE Confidence: 0.796447958

 $00:56:11.126 \longrightarrow 00:56:12.666$ never off the table in the majority

NOTE Confidence: 0.796447958

 $00{:}56{:}12.709 \dashrightarrow 00{:}56{:}14.459$ of cases even if you have another

NOTE Confidence: 0.796447958

 $00:56:14.459 \longrightarrow 00:56:15.888$ intervention before then similar to.

NOTE Confidence: 0.796447958

 $00:56:15.888 \longrightarrow 00:56:17.244$ Patients who undergo radioactive

NOTE Confidence: 0.796447958

00:56:17.244 --> 00:56:18.960 iodine therapy for Graves' disease,

NOTE Confidence: 0.796447958

00:56:18.960 --> 00:56:21.120 you know, makes the surgery tougher,

NOTE Confidence: 0.796447958

00:56:21.120 --> 00:56:23.645 but if that, if those if that fails,

NOTE Confidence: 0.796447958

00:56:23.645 --> 00:56:25.150 those patients would still go on to

NOTE Confidence: 0.796447958

 $00:56:25.197 \longrightarrow 00:56:26.760$ surgery to treat their Graves' disease.

 $00:56:37.090 \longrightarrow 00:56:38.730$ Actually, Gibson, are there any

NOTE Confidence: 0.843001321176471

 $00:56:38.730 \longrightarrow 00:56:40.370$ specific training guidelines in order

NOTE Confidence: 0.843001321176471

 $00:56:40.425 \longrightarrow 00:56:41.944$ to be able to do this procedure?

NOTE Confidence: 0.843001321176471

 $00:56:41.950 \longrightarrow 00:56:44.462$ So that is being worked on by multiple

NOTE Confidence: 0.843001321176471

 $00:56:44.462 \longrightarrow 00:56:46.518$ medical societies and because of the

NOTE Confidence: 0.843001321176471

 $00:56:46.518 \longrightarrow 00:56:48.570$ people who are performing these procedures

NOTE Confidence: 0.843001321176471

 $00:56:48.631 \longrightarrow 00:56:50.536$ come from very varied backgrounds.

NOTE Confidence: 0.843001321176471

 $00:56:50.540 \longrightarrow 00:56:52.030$ Do you have medical endocrinologists?

NOTE Confidence: 0.843001321176471

 $00:56:52.030 \longrightarrow 00:56:53.101$ You have interventional

NOTE Confidence: 0.843001321176471

 $00:56:53.101 \longrightarrow 00:56:54.886$ radiologists and you have surgeons?

NOTE Confidence: 0.843001321176471

 $00:56:54.890 \longrightarrow 00:56:56.642$ And so there's a different experience

NOTE Confidence: 0.843001321176471

 $00:56:56.642 \longrightarrow 00:56:58.790$ that each one of us has undergone.

NOTE Confidence: 0.843001321176471

 $00{:}56{:}58.790 \dashrightarrow 00{:}57{:}00.758$ And so we're trying to kind of coordinate

NOTE Confidence: 0.843001321176471

 $00:57:00.758 \longrightarrow 00:57:02.697$ and figure out what's the best way to

NOTE Confidence: 0.843001321176471

00:57:02.697 --> 00:57:04.200 get that experience so to keep it.

 $00:57:04.200 \longrightarrow 00:57:04.788$ Safer patients.

NOTE Confidence: 0.843001321176471

 $00:57:04.788 \longrightarrow 00:57:06.552$ So one, you definitely need to

NOTE Confidence: 0.843001321176471

00:57:06.552 --> 00:57:07.895 have experience and comfort

NOTE Confidence: 0.843001321176471

 $00:57:07.895 \longrightarrow 00:57:08.948$ in performing ultrasound.

NOTE Confidence: 0.843001321176471

 $00:57:08.950 \longrightarrow 00:57:11.006$ So that is universal that needs to happen.

NOTE Confidence: 0.843001321176471

 $00:57:11.010 \longrightarrow 00:57:12.640$ You don't necessarily have to

NOTE Confidence: 0.843001321176471

00:57:12.640 --> 00:57:14.270 have a experience in performing

NOTE Confidence: 0.843001321176471

 $00:57:14.331 \longrightarrow 00:57:15.667$ a fine needle aspiration.

NOTE Confidence: 0.843001321176471

00:57:15.670 --> 00:57:17.581 Biopsies is helpful I think to have

NOTE Confidence: 0.843001321176471

00:57:17.581 --> 00:57:19.349 that experience but it's not required.

NOTE Confidence: 0.843001321176471

 $00{:}57{:}19.350 \dashrightarrow 00{:}57{:}21.233$ But you are going to need some

NOTE Confidence: 0.843001321176471

00:57:21.233 --> 00:57:23.363 sort of formal training either on

NOTE Confidence: 0.843001321176471

 $00:57:23.363 \longrightarrow 00:57:25.458$ cadaver models or an observership

NOTE Confidence: 0.843001321176471

 $00:57:25.458 \longrightarrow 00:57:28.332$ afterwards in observing a real

NOTE Confidence: 0.843001321176471

00:57:28.332 --> 00:57:30.784 live RFA ablation procedures.

NOTE Confidence: 0.843001321176471

 $00:57:30.790 \dashrightarrow 00:57:34.514$ There is a surgeon in Brazil who.

 $00:57:34.520 \longrightarrow 00:57:36.554$ Prior to the pandemic was actually

NOTE Confidence: 0.843001321176471

 $00:57:36.554 \longrightarrow 00:57:38.556$ allowing people to come on site

NOTE Confidence: 0.843001321176471

 $00:57:38.556 \longrightarrow 00:57:40.600$ and Brazil and to observe and then

NOTE Confidence: 0.843001321176471

 $00:57:40.600 \longrightarrow 00:57:42.710$ perform RFA ablation and his patients.

NOTE Confidence: 0.843001321176471 00:57:42.710 --> 00:57:43.192 But again, NOTE Confidence: 0.843001321176471

00:57:43.192 --> 00:57:45.120 that is not something that is going to

NOTE Confidence: 0.843001321176471

00:57:45.171 --> 00:57:47.138 be widely accepted in the United States,

NOTE Confidence: 0.84300132117647100:57:47.140 --> 00:57:47.419 right. NOTE Confidence: 0.843001321176471

 $00:57:47.419 \longrightarrow 00:57:49.651$ So we're going to be reduced to one

NOTE Confidence: 0.843001321176471

 $00:57:49.651 \longrightarrow 00:57:51.503$ getting ample experience in ultrasound

NOTE Confidence: 0.843001321176471

00:57:51.503 --> 00:57:53.393 performance and then you know,

NOTE Confidence: 0.843001321176471

 $00:57:53.400 \longrightarrow 00:57:56.280$ experience with cat cadaver

NOTE Confidence: 0.843001321176471

 $00:57:56.280 \longrightarrow 00:57:57.720$ and observerships.

NOTE Confidence: 0.843001321176471

 $00{:}57{:}57.720 \dashrightarrow 00{:}57{:}59.128$ I think that is going to be kind

NOTE Confidence: 0.843001321176471

00:57:59.128 --> 00:58:00.618 of the standard moving forward.

 $00{:}58{:}02.870 \dashrightarrow 00{:}58{:}04.070$ Great. Well, thank you everyone.

NOTE Confidence: 0.844582432

00:58:04.070 --> 00:58:05.435 I think it's it's at the hour

NOTE Confidence: 0.844582432

00:58:05.435 --> 00:58:06.320 and thanks Doctor Gibson

NOTE Confidence: 0.8930399

 $00:58:06.330 \longrightarrow 00:58:07.479$ again. Thank you.