

# LETTER FROM PRESIDENT

## Taking a specialty forward – Endocrine surgery in India

The Indian Association of Endocrine Surgeons is at a turning point as more numbers of newly trained specialists are entering the practice milieu in the country. For many years we were a small group with few institutes supporting formal training. With a growing tribe of surgeons let us take an overview of the specialty and how a journal can help the interests of all surgeons with interest in the field of endocrine surgery.



### Major Changes in the Landscape

The number of institutes providing M.Ch. course is now five with a new course introduced in the central institute AIIMS and more institutes applying for recognition to run the course. The syllabus is under review and the consensus is moving to include breast surgery, metabolic surgery and diabetic foot care to broaden the scope of the field with more practice opportunities for young surgeons in the field.

However, the majority of association members are still general surgeons with special interest in the field. The association needs to find a harmony in academics and practice oriented relevance. We need to motivate some academic general surgeons in the vast spectrum of medical colleges to evince interest in the field and improve the care of these patients and contribute to the national database and understanding of the disease spectrum within the country.

### What is so Special About this Specialty?

Many surgeons in the international and national sphere share a common passion for this field that has some unique characteristics. The surgeon is the key diagnostician in endocrine tumours and must develop a deep understanding of the hormonal and functional aspects of the endocrine tumour disorders. A close working relationship with physicians/endocrinologists will help in management of some of the advanced disorders but for most conditions the endocrine surgeon can truly be 'the physician who operates'.

A good understanding of findings on physical examination, assessment by imaging both cross sectional and functional, biochemical assessment and nuances of cytopathology are critical in the evaluation of endocrine tumour to a degree much greater than most other surgical specialties. I would term this the 'clinical-radio-pathological connect' that when reached helps clinicians quickly understand the disease plaguing the patient and choose the most appropriate care. Close cooperation and discussion with an endocrinologist, biochemist, radiologist, nuclear physician, and pathologist is valuable in making the best assessment to plan surgical treatment.

The new kid on the block is genetic evaluation of tumours. In my humble opinion there has been far more hype than substance in this area to translate to actual change in clinical management. One needs to be aware of the developments and critically evaluate the role of genetic evaluation of diagnostic cytology and post-surgical pathology to be able to reap the low hanging fruit without an expensive fruitless chase. The dictum here is to be aware of the problem of 'looking too closely at one aspect of multifactorial problems'. We still keep track of many exciting developments in genetic evaluation, but good clinical follow up of outcomes needs good research by astute clinicians to correctly analyse the true benefits.

The advances in portable ultrasound and targeted aspiration cytology await mastery by the surgeon to enable a highly skilled assessment of thyroid tumours. The thyroid surgeon is specially positioned to make a comprehensive assessment of goitres which leads to holistic care of the patient – a thrill for both the caregiver and diseased!

The management of endocrine tumours confronts the surgeon with a wide spectrum of indolent tumours to the most lethal in human disease. From NIFT-P to Anaplastic cancer, surgical therapy has to be tailored to the disease and individual.

Surgical techniques have mirrored the advances in other surgical fields and gone one step beyond. An endocrine surgeon can utilize a range of operations that progressively reduce invasiveness. Two variables must be considered – the invasiveness of the parietal incision to gain access to the site of the endocrine tumour and the amount of dissection involved to excise or explore potential sites of small tumours. Examples of this are seen in parathyroid surgery where the surgeon can choose between a traditional large incision, small incision, MIVAP technique and extra-cervical endoscopic approaches from trans-axillary or trans-oral techniques have all been described. In terms of dissection, it can be limited to focused excision of one gland, unilateral or bilateral neck exploration including ectopic sites in the carotid sheath or mediastinum during exploration for parathyroid hyperplastic and small adenomatous glands; in pancreatic endocrine surgery one can access via open subcostal/ midline approach, in the mobilization of the pancreas. Advanced laparoscopy is a major force in the endocrine surgeons' armament as it affords minimally invasive procedures for often small functional tumours; however the high level of skill required needs prolonged training and experience. The introduction of robot assisted laparoscopic surgery will be a democratising force to enable younger surgeons to acquire these skills faster.

### Appraisal of Technology

The use of technology needs a balanced approach to make the most cost effective technology the appropriate choice in the management of the patient. Equally important is the critical appraisal of the new technology as to what tangible benefits it is offering. Let us ask of the new technology three key concerns in a problem solving approach:

- Does it improve the clinical outcome for the patient?
- Does it make the operation simpler and easier to perform?
- Does it reducing the cost and logistics related to the operation?

Often however, I am constrained to note, that the technology makes the procedure more complicated, at greater cost with similar major clinical outcome. Surgeon scientists continue to struggle with solutions to give us better answers to the triple test for technology. The future is in our hands. If we shape it well, many more can reap the fruit of science. When a procedure proves itself, we can redouble our efforts to bring the benefits to our patients. Aptitude regulates the speed of learning and skill acquisition; however with time and tutored practice, we can master anything. Conferences, workshops and training programmes all help in the process of skill transfer. Auditing our progress and results keeps us on the track of patient safety.

***An Appeal to Collaborate***

The final issue is that of collating accurate local data for sharing and combined decision making. Our association will need to use this journal as a mechanism to build useful databases and share outcomes and design studies that will help all of the above mentioned areas. I challenge all those in the country in this field to help the advancement of the science of our beloved field of endocrine surgery and I am confident this group of 'friendly surgeons' will show the way forward in collaborative endeavour.

Long live the IAES.

**MJ Paul, President IAES**