

Travel report – Michaël-van Vloten fonds travel grant 2024

Royal North Shore Hospital, Sydney, Australia

Thyroid cancer research, Endocrine surgical Unit



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Royal North
Shore Hospital



Health
Northern Sydney
Local Health District

Introduction

I had the privilege of visiting the Royal North Shore Hospital in Sydney, Australia, thanks to Michaël-van Vloten fonds's travel grant. This grant enabled me to conduct valuable research on patients with thyroid cancer. As a PhD candidate at the department of endocrine surgery at Amsterdam UMC, my research focusses on optimizing treatment for patients with low-risk papillary thyroid cancer (PTC). PTC is a very indolent type of cancer with high survival rates. My research therefore focusses specifically on identifying patients suitable for a hemithyroidectomy (surgical removal of half the thyroid gland) instead of a total thyroidectomy (complete surgical removal of the thyroid gland) based on their individual oncological risk factors, aiming to reduce treatment-related morbidity and improve patients' quality of life.

Royal North Shore Hospital

From February to April, I was fortunate enough to visit the Royal North Shore Hospital (RNSH). Their endocrine surgical unit, led by prof. Mark Sywak and prof. Stan Sidhu, is internationally renowned, and known for its strong focus on research and innovation in endocrine surgery. At RNSH, I explored possible solutions for predicting bilateral disease in patients with low-risk PTC. This is important because conservative surgery leaves half of the thyroid intact, and recent studies, including my own, have shown that bilateral disease is an independent risk factor for recurrent thyroid cancer.

Australian lifestyle

Sydney's culture, with its laid-back lifestyle and strong affinity for outdoor activities and sports, is remarkably healthy and vibrant. Early morning exercise is a common routine, and I joined many locals for workouts and ocean swims at the famous Bondi Beach before heading to the hospital. Subsequently, my daily commute included a metro ride over the Harbour bridge, with a stunning view of the Opera House, and I started my workday at 8.30 AM.



Work-life and study outcomes

The first month at RNSH was challenging, trying to get all ethical paperwork necessary for my research. However, people at the department were very helpful and made me feel at home quickly. Australians are similar to Dutch people in their directness and sense of humor, which made it easier to adapt. My primary involved merging various databases from different departments and private clinics – a significant difference from the Netherlands – into one comprehensive database. With the assistance of prof. Anthony Gill, I gained access to the pathology database, enabling a broader search for histopathological features as predictors of bilateral disease post-hemithyroidectomy.

Ultimately, I was able to merge data of 737 patients with low-risk PTC. Our findings highlight that a larger tumor size, tumor-venous invasion, and ipsilateral multifocal disease, are significantly associated with bilateral disease. Also, pre-operative ultrasounds were found to be highly predictive of significant contralateral thyroid lobe cancer. We also compared Australian and Dutch populations in this retrospective study, with the goal to subsequently implement our findings to patients in the Netherlands.

I would like to extend my gratitude to everyone who made this project possible, especially the Michaël-van Vloten fonds for their travel grant. This experience has been invaluable for my academic and professional growth.



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