### Title and Description of Activity or Event

Date: 15 December 2014  
Reading of new British Thyroid Association Guidelines for the Management of Thyroid Cancer (Third edition: CLINICAL ENDOCRINOLOGY VOLUME 81 SUPPLEMENT 1 JULY 2014)

Which category of activity does this match?  
CPD - keeping up to date

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### What have you learned as a result of the activity?

Practice is changing in comparison with previous guidelines as a result of new evidence:

- In addition to postoperative staging and risk stratification based on factors at the time of diagnosis, dynamic risk stratification performed nine to twelve months after treatment is now recommended.
- Recombinant human TSH administration is recommended in place of thyroid hormone withdrawal as preparation for radio-iodine remnant ablation.
- A stimulated Thyroglobulin measurement and neck ultrasound scan should be performed in preference to a diagnostic 123-iodine whole body survey between 9 and 12 months from radio-iodine remnant ablation.

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### What has been the short and long term impact on your professional practice and patient care?

- I know more about current thoughts on best practice than I did before.
- I will change my personal practice in line with the new guidelines.
- Much of what is recommended as good practice is not new, and is essentially what is being done at present.
- I have convened a meeting of our MDT to discuss the new guidelines, and to gain consensus about us changing our practice in accordance with these new guidelines.
- Dynamic risk stratification will allow good prognosis patients to have less intensive surveillance, and come off TSH suppression earlier.
- The routine use of rhTSH should enable patients to avoid the unpleasant side effects of thyroid hormone withdrawal.
State any action points to be carried out following this activity

When practice changes, new departmental guidelines will need to be written, and all team members, especially members who rotate in (e.g. registrars) will need to be taught these.

• Teaching of registrars will be part of our regular departmental teaching programme which is repeated on a six-monthly cycle.
• Specialist radiographers are a more permanent component of our workforce, and are good at supporting registrars in delivering standard practice.
• Key points will be re-iterated in discussion of individual patients at our MDT meetings.
• We will perform a baseline audit of current practice, with a re-audit after 12 months.
• A specially convened meeting of the MDT to agree changes across all specialties.
• We will then review after the audit.
• We will work on new national guidelines for paediatric practice, as the current guidelines relate principally to adult practice.