

## Preface



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*Guest Editor*

Thyroid cancer and its management is a rapidly evolving subject. The goal of this issue is to focus on what is new from a scientific and practical standpoint.

The opening article is a detailed study of the underlying basic science concepts that provide a present foundation and a clear vision of how practice will progress in the near future. The preoperative work up is developing, and the germane topic of surgeon-performed in-office thyroid ultrasonography is outlined.

The incidence of thyroid cancer is, by all accounts, exploding. Underlying causes are explored in the context of the prevailing pathology. A clear trend toward more aggressive surgery is noted. Safe surgical practice is detailed, followed by a careful look at the role of nerve integrity monitors. New technologies for hemostasis, endoscopic techniques with smaller incisions, and robotic surgery have arrived. Management of the aggressive tumor with extra-thyroidal spread and neck metastasis is difficult because preserving function is as essential as removal of the tumor.

Survival from differentiated thyroid carcinoma is generally good, but postoperative management plays an important role in minimizing the likelihood of disease recurrence. Risk variables that increase the threat of recurrence after surgery and that might be mitigated by the use of radiation therapy in light of clinical outcomes, recent technological advances in treatment planning and radiation delivery, and potential morbidity associated with treatment are reviewed.

The thyroid surgeon must have a thorough understanding of laryngeal neuroanatomy and be able to recognize symptoms of vocal fold paresis and paralysis. Neuropraxia may occur even with excellent surgical technique. Improvements in the management of vocal immobility are updated.

Finally, the sobering thought that the relatively small number of deaths from thyroid cancer, the small number of clinical thyroid cancers, and the huge number of incidental thyroid cancers are indicative of how much more we need to understand regarding the biology of this disease. Clinical medicine awaits biological markers to refine treatment recommendations.

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