The Head & Neck Surgery service at the Swedish Cancer Institute (SCI) concluded another sterling year in 2018. As it approaches its 10th year of operation, the Head & Neck Surgery Clinic has developed into and cemented its role as the Pacific Northwest’s leading treatment center for tumors involving the head and neck region. This has been realized by amalgamating an array of multidisciplinary clinical resources, within SCI, and also from the entire Pacific Northwest and Alaska. In fact, our multi-institutional collaboration is a testimonial that complex head and neck cancer care can be administered in a successful and sophisticated manner across multiple institutions, minimizing hardship for geographically distant patients.

Head and neck surgery at Swedish Medical Center traces its roots to Al Novak, M.D., a pioneer and titan of the field. He introduced and established the specialty of Head & Neck Surgery in Seattle in the 1960s. His protégé, David Moore, M.D., continued with the tradition of clinical excellence throughout the 1990s and beyond. By late 2009, the nascent concept of a head and neck surgery service housed within SCI came to fruition under Dr. Moore’s visionary leadership. Since then, the Head & Neck Surgery Clinic has become the region’s quaternary destination for head and neck tumors, endocrine tumors and complex reconstructive cases.

In September 2018, after more than three decades, Dr. Moore performed his last surgery, retired from clinical practice and commenced the next chapter of his life. He is leaving behind his vision, tradition of clinical excellence, compassion and electrifying energy, permanently imprinted into all providers and staff of the Head & Neck Surgery Clinic.

The following represents major clinical and statistical milestones of 2018:

- Enhanced access with expansion of SCI Head & Neck Surgery in Edmonds, WA
- Blake Golden, M.D., was nominated as a member of the Head & Neck Oncology and Microvascular Committees of the AAO-HNS.
- Joseph Sniezek, M.D., was appointed to the Education Section of Endocrine Committee of the American Head & Neck Society.
- Index tumor cases at SCI Head & Neck Tumor Board: 376
- Microvascular free flap reconstructive cases: 104
- Transoral Robotic Surgery (TORS) for select oropharyngeal cancers
- Endocrine program grew to become one of the busiest in the nation, with 628 surgical cases.

2018 has been a gratifying year for all providers at SCI Head & Neck Surgery. We continue to be humbled by the strength of our patients, to learn from our patients, further improve our surgical skills, apply and incorporate new medical and surgical innovations, and remain grateful for the collaboration of our colleagues.
Updates

Retirement of David Moore, M.D.

Dr. Moore retired in September 2018, after nearly three decades of service at Swedish Medical Center.

Prior to becoming a surgeon, Dr. Moore served his country as an army infantry officer during the Vietnam War, earning a purple heart. After his first tour, he served a second tour as a special advisor to the South Vietnamese army.

After his second tour in Vietnam, he returned stateside, earned his MBA, and attended medical school at Indiana University. After finishing his otolaryngology residency at Madigan Army Medical Center, he completed a Head & Neck Surgery fellowship under the tutelage of Al Novak, M.D., and practiced at Swedish Medical Center for the entirety of his civilian career.

Dr. Moore was a visionary, who led the creation of the Head & Neck Surgery Clinic at SCI. He harnessed the existing clinical resources at SCI, and integrated them in one single service line. He then was instrumental in bringing on Namou Kim, M.D., and Joseph Sniezek, M.D., who have solidified the quaternary status of SCI Head & Neck Surgery.

Dr. Moore will now continue to be the number one Seahawks and Mariners fan, ski downhill at forbidden speeds, go on his annual pilgrimage to the Indy 500, torment halibuts in Alaska, and finally plan for his return to Vietnam as a tourist! However, we continue to be indebted to him, and will continue to carry on his dynamism in our clinical practice.

Swedish Edmonds Clinic

In response to the growing need of the community of south Snohomish and north King counties, we have extended our services by opening a Head & Neck service at the Swedish Cancer Institute new facility in Edmonds. Dr. Blake Golden spearheaded this expansion, and now treats patients with head, neck and endocrine tumors at Edmonds.

The new SCI center, located on the southeast end of the Swedish Edmonds campus, offers patients high-quality and comprehensive oncologic services through an expanded infusion unit, laboratory and pharmacy. As a hospital-based department, patients also have access to social work services, support groups, American Cancer Society navigation and resources, financial counseling, genetic counseling, cancer-specific patient education classes, an education/resource wall, and an enhanced ability to participate in clinical trials.

Education

- **8th Annual Pacific Northwest Head & Neck Cancer Symposium**
  Held in collaboration with the University of Washington and SCCA, the 8th Annual Symposium was held at the South Lake Union campus of UW Medicine. In response to the increasing cases of HPV-mediated oropharyngeal tumors, this symposium focused on up-to-date information related to diagnostic, staging and treatment paradigms of HPV oropharyngeal tumors. Guest lecturers included Christopher Holsinger, M.D., (Stanford University) and Carole Fakhry, M.D., (Johns Hopkins University).

- **Residency training**
  As the primary site for head and neck surgery training for the Madigan Army Medical Center’s otolaryngology residency program, each resident spends five dedicated months at Swedish.

  Swedish general surgery residents continue to greatly benefit by having dedicated rotations honing their skills in endocrine surgery.

- **Presentations and publications**
  - Unknown primary head & neck cancer in the era of HPV. *8th Annual Pacific Northwest Head & Neck Symposium*.
  - Controversies in thyroid surgery panel. *Vanderbilt Sisson Otolaryngology Symposium*, Vail, CO.
  - Management of oropharyngeal cancer panel. *Vanderbilt Sisson Otolaryngology Symposium*, Vail, CO.
Head & Neck Tumor Board

Our multidisciplinary tumor board consists of all specialties and ancillary services involved in the treatment of head and neck tumors. We follow the current NCCN guidelines, incorporate up-to-date treatment concepts and provide bias-free recommendations. Our volume has increased each year, reflecting our status as the premier destination for consultations regarding head and neck tumors and high-risk cutaneous cancers. Since many patients are from out-of-town, our colleagues treating those patients get appraised of our tumor board recommendations.

In 2018, Joseph Sniezek, M.D., continued to be well sought after for his expertise in ultrasound, and has been an instructor for the ACS Head & Neck U/S course at the COSM and the AAO-HNS annual meeting. He also directed the ACS Head & Neck U/S course in San Antonio, TX.

The endocrine caseload performed by our Head & Neck surgeons is remarkable, and reflects the quaternary referral status of SCI for endocrine diseases.

<table>
<thead>
<tr>
<th>2018 surgical cases</th>
<th>Total</th>
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<tbody>
<tr>
<td>Thyroid</td>
<td>447</td>
</tr>
<tr>
<td>Parathyroid</td>
<td>181</td>
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Transoral Robotic Surgery (TORS)

The TORS program at Swedish started in 2010. As early adaptors of this new technique, we have amassed an extensive know-how and refined the selection bias for patients with oropharyngeal cancers needing surgery. TORS is being used for select cancer patients who could benefit from true de-escalation of radiation and chemo, and also for treatment of the unknown primary tumors. The addition of Blake Golden, M.D., with his extensive TORS experience, has greatly advanced our TORS capacity.

Endocrine Program

The Endocrine Program has evolved into a nationally recognized premier center for thyroid and parathyroid disorders. Complex and recurrent tumors are treated in a multidisciplinary environment, with a dedicated endocrine tumor board and on-site ultrasound and cytologic examination.

SCI Update

The Swedish Cancer Institute has a long-standing tradition of forward projection when it comes to integrating new technologies, improving patient outcomes and translating research advances into evidence-based standards of care. Our commitment to personalized medicine goes beyond gene sequencing and targeted therapies. It drives our holistic approach to cancer care. With 18 well-defined supportive care programs, a robust social work/social services team, and a host of classes, therapies and support groups, we are able to complement our patients’ medical and scientific care, and help them cope with the social, psychological and economic challenges of a cancer diagnosis.

Through research and innovation, SCI strives to provide cancer patients the best chance of survival and the highest quality of life, and to support initiatives to prevent and ultimately eliminate cancer.
Management of Calcium After Thyroidectomy/Parathyroidectomy in Patients Who Have Had Gastric Bypass Surgery

Since 2011, bariatric procedures in the United States have increased by 44 percent. This increase in bariatric procedures has resulted in new challenges in perioperative management due to the alterations in gut physiology and absorption. In Roux-en-Y gastric bypass (RYGB), oral nutrition bypasses the stomach to the proximal small intestine, resulting in decreased calcium and vitamin D absorption and disruption of intrinsic endocrine function. In most RYGB patients, normocalcemia is maintained with a compensatory secondary hyperparathyroidism. However, thyroid and parathyroid surgery can severely impact this endocrine balance.

Case discussion
A 40-year-old female with history of RYGB was diagnosed with 3 cm parathyroid adenoma. Multiple bilateral thyroid gland nodules were also found. Parathyroidectomy was recommended with total thyroidectomy. She underwent an uncomplicated parathyroidectomy and thyroidectomy. There was appropriate intraoperative decrease in PTH level from 328 pg/mL to 47 pg/mL after 15 minutes. The right and left superior parathyroid glands were preserved in situ. Postoperatively, the patient was started on calcium and vitamin D supplementation. However, despite aggressive oral and IV calcium supplementation and a normal PTH level, she remained hypocalcemic. On POD 10, she underwent laparoscopic gastrostomy tube placement. She was started on enteral Ca supplements via G-tube. Her Ca level normalized and the G-tube was removed without sequelae.

This case demonstrates novel management of rare, but serious, refractory hypocalcemia in patients undergoing parathyroid and thyroid surgery following RYGB. Initial management involves aggressive calcium repletion which often necessitates prolonged hospital stays. In cases where conservative management fails, reversal of RYGB has been reported in the literature. To our knowledge, this is the first reported instance where hypocalcemia refractory to conservative therapy was managed through gastrostomy tube only, facilitating access to the by-passed RYGB anatomy without reversal of RYGB. Calcium and vitamin D malabsorption is a known result of RYGB. Active calcium transport occurs in the duodenum which is bypassed, disrupting absorption of enteric sources of calcium. Passive calcium absorption is facilitated by an acidic environment which is also impaired by the bypassed stomach. Vitamin D absorption in the proximal jejunum is also altered. Most RYGB patients, however, maintain normocalcemia due to compensatory secondary hyperparathyroidism where physiologic normocalcemia is maintained to the detriment of the bony calcium pool.