

# Validation and feasibility assessment of STAT-intraoperative-PTH measurement during total thyroidectomy to predict postoperative hypocalcaemia

Published: 19-12-2019

Last updated: 09-04-2024

The aim of this study is to evaluate the use of rapid IO-PTH measurement to predict post-thyroidectomy hypocalciemia.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Will not start
<b>Health condition type</b>	Endocrine neoplasms malignant and unspecified
<b>Study type</b>	Observational invasive

## Summary

### ID

NL-OMON48460

### Source

ToetsingOnline

### Brief title

IO-PTH during Tx to predict hypocalcaemia

### Condition

- Endocrine neoplasms malignant and unspecified

### Synonym

Hypocalcaemia after thyroidectomy, low calcium levels after thyroid surgery

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universitair Medisch Centrum Groningen

**Source(s) of monetary or material Support:** Ministerie van OC&W,Future Diagnostics

## Intervention

**Keyword:** Hypocalcaemia, Predict, Thyroidectomy

## Outcome measures

### Primary outcome

postoperative serum calcium corrected for albumin levels.

### Secondary outcome

- patient characteristics
- pre- intra- and postoperative PTH levels
- reported symptoms of hypocalcemia
- operation report
- pathology report
- length of hospital stay
- type and dosage of calcium supplementation

## Study description

### Background summary

Hypocalcemia is the most common complication in patients undergoing total thyroidectomy. The cause of postoperative hypocalcemia is iatrogenic damage or resection of the parathyroid glands, which are anatomically closely related to the thyroid gland. Currently, postoperatively, calcium is only measured 6 hours after surgery and patients receive calcium supplementation when hypocalcaemia is detected or when the patient experiences symptoms. This causes a delay in treatment, and hospital stay is often prolonged. On the other hand, prophylactic calcium supplementation causes unnecessary overtreatment. Measuring the cause of hypocalcemia, hypoparathyroidism, during thyroid surgery, might provide a risk stratification of which patients will develop postoperative hypocalcemia and which will not. Intraoperative PTH measurement is currently only applied in parathyroid surgery, to determine the success of the operation. We would like to investigate the feasibility of using fast intra-operative PTH measurement to predict postoperative hypocalcemia. In the future, we might be

able to prevent hypocalcemia in patients who are determined at risk during thyroid surgery.

### **Study objective**

The aim of this study is to evaluate the use of rapid IO-PTH measurement to predict post-thyroidectomy hypocalciemia.

### **Study design**

Prospective cohort validation and feasibility study.

### **Study burden and risks**

Burden: very low. 6x 6ml blood will be drawn during operation via standard i.v. access which every patient will receive.

Risks: no, there will be no consequences of the intraoperative findings. The surgery and/or postoperative treatment will not change.

Future patient will hopefully benefit from the findings of this study.

## **Contacts**

### **Public**

Universitair Medisch Centrum Groningen

Hanzeplein 1  
Groningen 9700 RB  
NL

### **Scientific**

Universitair Medisch Centrum Groningen

Hanzeplein 1  
Groningen 9700 RB  
NL

## **Trial sites**

### **Listed location countries**

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

- Patients undergoing total thyroidectomy or;
- Patients undergoing completion thyroidectomy after previous hemithyroidectomy; and
- 25-OH vitamin D within the normal range
- \*18 years and;
- Capable of understanding Dutch language and;
- Signed informed consent

### Exclusion criteria

- Patients undergoing hemithyroidectomy
- Known parathyroid disease , e.g. hyperparathyroidism or hypoparathyroidism
- End-stage renal disease or kidney transplantation
- Use of calcium suppletion
- Use of lithium medication

## Study design

### Design

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Will not start

Enrollment: 50

Type: Anticipated

## Ethics review

Approved WMO

Date: 19-12-2019

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL69010.042.19
Other	UTOPIA201800653