Thyroid Surgery as a Front-line Treatment Option for Graves’ Disease

A study from the University of Wisconsin-Madison indicates that surgical removal of the thyroid is a safe and effective treatment for patients with Graves’ disease – and suggests that surgery may be under-utilized as a front-line treatment option. The study was published in the June 1, 2011 edition of the Journal of Surgical Research.

The study followed 58 patients who had either a total or partial thyroidectomy at the University of Wisconsin Hospital and Clinics between 1994 and 2008. Most of the patients had previously tried anti-thyroid drugs or radioactive iodine therapy to control their hyperthyroidism. The researchers found that the total thyroidectomy had a very low complication rate and completely resolved the hyperthyroidism caused by Graves’ disease.

Selecting a Treatment Option
Surgery may be a particularly good option for children, patients with suspicious nodules or goiters (enlarged thyroid gland), and patients that need rapid control of their symptoms. “We can get these patients euthyroid in a few weeks,” states Dr. Rebecca Sippel, the lead author of the study and assistant professor of surgery at the UW School of Medicine and Public Health.

Surgery is also appropriate for women who are pregnant or breast feeding, although

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Riders Prepare for Greater Than Graves’ 2012 Kickoff on May 26th

When Michaela Cui began organizing the 2011 Greater Than Graves’ ride, she had no idea the 3,200-mile trek would inspire an annual event. But this year, a new group of riders will set out on a cross-country journey to raise funds and awareness for Graves’ disease, thyroid eye disease, and other thyroid-related disorders.

The 2012 Greater Than Graves’ event will feature a unique collaboration between patients, family members, and the medical community. Riders Elias McQuade, David Britton, and Keating Tufts will depart from Wellfleet, MA on a 4,000-mile cross-country journey, concluding in late July in San Francisco, CA.

Rider McQuade has a very personal connection to the project. “I drew the inspiration for the idea from my sister, who has had to deal with the challenges of Graves’ disease,” he explained. “I decided on a cross-country bike ride because I feel that the ride would challenge me physically and mentally and could give me insight into the daily problems that face those who have diseases that affect their lives. I am really hoping to gain personal awareness of the disease, while drawing communities’ and people’s attention to the problems faced by many across the U.S. and the globe.”

Thanks to the efforts of the University of Michigan Kellogg Eye Center, McQuade

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Foundation Hosts Annual Patient & Family Conference

The days leading up to the Graves’ Disease and Thyroid Foundation’s annual Patient & Family Conference – A Bridge to Wellness XVIII – featured some unexpected drama. Less than a week before the conference, set for November 4th-6th at the Boston Doubletree Guest Suites in Boston, MA, a rare fall nor’easter dumped snow throughout the region, leaving many communities without power.

Attendees, presenters, and staff breathed a collective sigh of relief when the storm passed, the snow melted, the power was restored, and the sun came out! Conference attendees were treated to a stellar line-up of presenters, as well as numerous opportunities to connect with fellow patients and family members.

On Thursday, early arrivals enjoyed an afternoon yoga session from presenter Lori Burgwyn, followed by an evening reception.

Dr. Herbert Benson of the Benson-Henry Institute for Mind Body Medicine speaks on “The Relaxation Response.”

The conference formally kicked off on Friday, with a presentation from Terry J. Smith, M.D. of the University of Michigan Kellogg Eye Center on “Demystifying Graves’ disease and its Ophthalmopathy.”

Dr. Smith is also the Foundation’s Chief Medical and Scientific Officer. The morning session continued with presentations from two local endocrinologists: Lewis Braverman, M.D., from the Boston University School of Medicine and Jeffrey M. Korff, M.D., from the Tufts University School of Medicine.

The afternoon session featured Anca M. Avram, M.D., a nuclear medicine specialist from the University of Michigan, Nancy H. Patterson, Ph.D., Founder and Chairman Emeritus of the Graves’ Disease and Thyroid Foundation, Dr. Herbert Benson of the Benson-Henry Institute for Mind Body Medicine and yoga instructor Lori Burgwyn, who inspired attendees to develop a “Peaceful Mind, Anytime.”

Saturday’s session kicked off with a breakfast presentation from Lawrence C. Wood, M.D., Associate Physician at Massachusetts General Hospital (ret.) and a member of the Foundation’s Board of Directors. Dr. Wood discussed the clustering of autoimmune thyroid disease in families and encouraged attendees to share their diagnosis with extended family members, who could potentially be impacted.

Dr. Wood was followed by endocrine surgeon Barbra Sue Miller, M.D. of the University of Michigan, and Scott A. Rivkees, M.D., of the University of Florida College of Medicine department of pediatrics.

Lunchtime on Saturday featured the always popular “Q&A With the Docs” session, where attendees were able to submit questions to a panel of experts.

Much of the afternoon session was devoted to Graves’ Ophthalmopathy (also referred to as Thyroid Eye Disease), with presentations from three doctors from the University of Michigan Kellogg Eye Center: Alon Kahana, M.D., Ph.D., Raymond S. Douglas, M.D., Ph.D., and César A. Briceño, M.D.

The Saturday sessions wrapped up with a special presentation titled Becoming

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surgery during pregnancy is generally only performed in the second trimester. Dr. Sippel also notes that her clinic is seeing an increasing number of women who had previously made a decision to postpone starting a family – only to have their plans for conception derailed by a Graves’ disease diagnosis. Dr. Sippel explains that for many of these women, “the six-month waiting period after RAI seems too long.”

Concerns regarding Graves’ ophthalmopathy (GO), which is also referred to as thyroid eye disease (TED), may also have an impact on treatment selection. Barbra S. Miller, M.D., Assistant Professor in the Division of Endocrine Surgery at the University of Michigan notes, “Input from an ophthalmologist regarding treatment selection for hyperthyroidism, especially if the patient has any degree of Graves’ eye disease, is extremely important.” Guidance published in 2011 from the American Thyroid Association and the American Association of Clinical Endocrinologists cites radioactive iodine therapy for hyperthyroidism as an “identified risk factor” for GO and notes that methimazole and thyroidectomy are “the preferred choice of therapy in patients with active and moderate-to-severe or sight-threatening GO.”

Joyce Hanley of East Dubuque, IL, was diagnosed with Graves’ disease in 2008. Her local doctor recommended RAI therapy, but Hanley sought a second opinion and eventually elected to have surgery, due to concerns that her existing eye symptoms might get worse “This weighed heavily on my mind and my decision,” she recalls.

Doraine Grassman of Richland Center, WI selected surgery as a definitive treatment option two years ago after years of struggling to keep her symptoms under control using antithyroid drugs. Concerns about potential eye complications – as well as not wanting to limit time with her grandchildren following RAI treatment – factored into her decision to choose surgery.

Dr. Sippel suggests that patients be offered the three options - medications, radioactive iodine, and surgery - and be educated about their pros and cons. “I don’t think surgery is right for everyone,” Dr. Sippel states, “but I wish patients knew that it existed as a treatment choice. Many patients come in after complications or side effects with other treatments – and wish that surgery had been discussed as an option early on.”

Dr. Miller agrees. “There are certainly patients that I recommend pursue treatment by radioactive iodine rather than surgery. One size does not fit all. It is best if patients with Graves’ disease have the opportunity to speak with an endocrinologist, thyroid surgeon, and nuclear medicine specialist to help guide their decision making process,” she explains. “Ultimately, it is the patient who must make the decision and be comfortable with the potential risks.”

Risks and Complications

“Historically, patients have not been offered the option of surgery due to concerns about complications,” Dr. Sippel stated. “Our study shows that the rate of permanent complications is very low.”

Potential complications of thyroid surgery include damage to the nerve that supplies the voice box and injury to the parathyroid glands, which control the level of calcium in the body. Bleeding occurs in less than 1% of patients and usually develops within 24 hours, which can necessitate additional hospitalization.

Transient voice issues occur in 5-10% of patients and usually resolve on their own, although complications may remain in 1-2% of patients. Calcium deficiency is fairly common after surgery, but is usually transient and can be treated with Calcium and Vitamin D supplementation. Permanent calcium deficiency occurs in 1-2% of patients and is treated with lifelong supplementation.

Finding an experienced surgeon is critical in reducing the risk of complications. Dr. Sippel suggests looking for a surgeon who performs at least 50 thyroid surgeries per year and has particular expertise with Graves’ disease. “The operation is a little different with Graves’ disease,” Dr. Sippel explains.

Dr. Miller notes that the Association of Endocrine Surgeons offers a physician referral site at http://www.endocrinediseases.org/ featuring “experienced thyroid surgeons who spend a majority of their time performing thyroidectomy and are required to submit their case log for the year prior to being accepted into the organization.” Dr. Sippel notes that in consulting with a potential surgeon, “patients should feel empowered to ask questions about the number of surgeries done and complication rates. Patients should never consent to surgery with a doctor they aren’t comfortable with.”

The Surgical Procedure

The surgical procedure may remove the entire thyroid gland (“total thyroidectomy”) or part of the gland (“subtotal thyroidectomy”). Dr. Sippel notes that total thyroidectomy has become the more common procedure, as it is difficult to strike a balance between leaving enough of the thyroid gland to prevent hypothyroidism, without causing a recurrence of hyperthyroidism. The UW study showed that subtotal thyroidectomy resulted in a 16% recurrence rate, while the recurrence rate for total thyroidectomy was zero.

Prior to surgery, doctors prefer to bring thyroid hormone levels back into the “normal” range with Anti-Thyroid Drugs (ATDs). “Surgery is safest if the patient’s hyperthyroidism is controlled,” Dr. Sippel explains. In cases where this is not possible due to the severity of hyperthyroidism or adverse side effects from ATDs, the patient may be given beta blockers and potassium iodide to reduce the risk of thyroid storm. “This is where having a surgeon with experience in Graves’ disease is beneficial,” Dr. Sippel states. “You know how to prepare someone appropriately for surgery.”

Dr. Sippel notes that there were no cases of thyroid storm that occurred in the UW-Madison study.

The procedure can be done with an overnight stay or may be performed on an outpatient basis. Dr. Sippel states that patients may return to work in a week, although many are ready sooner.

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Graves’ Disease and Thyroid Foundation
Graves’ Disease Diagnosis Takes Michaela Cui on “The Ride of Her Life”

When Michaela Cui was diagnosed with Graves’ disease in 2010, she had no idea the autoimmune condition would eventually take her on “the ride of her life” — a 3,200 mile bike trek from Anchorage, AK to San Francisco, CA.

Michaela was studying aerospace engineering at the University of Colorado at Boulder, when she first began to notice symptoms. “I was having all these weird aches and pains, and my heart was going crazy,” she recalls. Michaela also dropped down to 85 pounds, despite the fact that she was “eating bowls of ice cream and cereal and pop tarts.” Family members were initially concerned that she was suffering from anorexia nervosa.

A routine checkup finally led to a diagnosis of Graves’ disease, and Michaela began treatment with Methimazole. The initial spark for the Greater Than Graves’ ride began when Michaela was in the early stages of treatment. “I began to feel alone and uncertain of my future,” Michaela recalls. “So I decided to do something about it and focus my energies on building awareness and understanding of this disease that affects so many people.”

Michaela had previously been training for a half-marathon, but says she “realized running wasn’t going to happen at that point.” She decided instead to focus on biking, due to the lower impact nature of the sport.

Inspired by a friend who had biked from Anchorage, AK to Mexico, Michaela soon “became hooked on the idea of doing a 3,000-mile bike ride.” Michaela initially had to deal with plenty of naysayers who didn’t believe she was serious. But Michaela’s parents, Dan and Debra Cui, realized “after about a week” that she was determined to see this project through.

The idea soon morphed into a larger project to raise funds and awareness for Graves’ disease, and friends and family members quickly mobilized to help make the journey a reality. Michaela’s friend offered advice as well as “do’s and don’ts” as she considered the logistical side of the trip. Friends Chris Doudna and Ben Weerts signed on to support her efforts by participating in the ride. Brother Jeremy Cui designed a special logo for the journey, a silhouette of a biker with butterfly wings. Dan Cui set up a Greater Than Graves’ web site, and Deb Cui agreed to drive a support vehicle. Routes were mapped out, and the ride was set to start on Wednesday, June 1st.

Michaela’s thyroid hormone levels were stable, and doctors in Boston gave her the green light to proceed, with the caveat that she needed to wear “goofy goggles or big sunglasses to protect my eyes!”

But before the epic bike journey could begin, Michaela and Chris had to complete an epic road trip: driving the group’s support vehicle 3,200 miles from Boulder to Anchorage.

As the duo finally arrived in Anchorage, Michaela had a near emergency that could have derailed the entire project: a sore throat. A sore throat is a potential sign of a rare, but serious side effect of Anti-Thyroid Drugs, and requires immediate testing of the patient’s white blood cell count. Fortunately, after an emergency call to doctors in Boston and a trip to the local ER, testing revealed that the cause of Michaela’s sore throat was a garden-variety cold. “I was a little upset,” she recalls. “I could have prevented it. We were driving overnight and not sleeping much. I was just crossing my fingers that the doctors would give the OK to start the ride.”

The ride kicked off as planned, and Michaela, Chris, Ben, and Deb took turns blogging each day about the team’s adventures and posting photographs of the spectacular scenery they encountered along the way. Lodgings were occasionally with kind-hearted local residents or in hotel rooms – but were often tents set up in public campgrounds. “Car vents make great blow dryers,” Debra quipped in one of her blog posts. The team encountered some unexpected adventures early on, including...
rainy conditions, flat tires, detours, and a close encounter with a 600-pound grizzly bear. “We must have looked like meals-on-wheels,” Chris blogged.

Early in the ride, the team also enjoyed adding some levity to the trip. “We would go out in public and loudly say, ‘Hey, let’s ride to San Francisco,’” Michaela recalls. “People would look at us like we were crazy.”

Throughout the journey, the riders shared Michaela’s story to raise awareness of Graves’ disease and other thyroid disorders. The group spoke to local residents, as well as doing interviews with TV and print media. “It was surprising to us just how many people we met along the way who have the same type of problems Michaela has,” Chris noted.

Ben was traveling with a bike odometer, and the team watched the miles rack up as they traveled through Alaska. Michaela recalls that everyone was excited to see the odometer roll over to 1,000 miles. The final stretch before reaching this milestone was all uphill into Haines, AK. The odometer hit 999.9 miles and then finally... rolled over to zero. It turned out the device was only set up to handle 3-digit mileage. “We stopped anyway for high fives all around,” Ben blogged.

In Haines, AK, the team said their goodbyes to Ben, who had to depart for another commitment. Chris and Michaela journeyed on, heading south through British Columbia. The team made a course adjustment as they prepared to enter Washington State, adding Whistler, BC to the itinerary and routing around Seattle, where a massive convention had wiped out the availability of local hotel rooms. The updated route clocked in at a total of 3,200 miles, 200 miles more than the original plans called for.

Michaela recalls that the days leading into Whistler were “brutal. At the base of the hills we climbed, we saw skis and boards on top of expensive-looking cars,” she blogged. “Because at this point the weather was sunny and warm, Chris and I kept exclaiming, ‘Wow, another car with skis! What we should have been saying was, ‘Maybe we should layer up.’” When the group finally checked into a hotel room in Whistler, the manager commented, “No one ever bikes the north side of Whistler.” However, the team enjoyed visiting Whistler Village and other memorable sites from the 2010 winter Olympics.

The team continued on south, hugging the coastline of Washington, Oregon, and Northern California. Michaela remembers, “Every day closer to San Francisco, it was like watching an hourglass when the sand gets low – the time seemed to go so much faster.”

The final phase of the journey took Chris and Michaela across the Golden Gate Bridge, where the team encountered a brand new obstacle: pedestrians. “I thought I was going to end up side-walk-kill on a few occasions,” Michaela recalls.

But the team finally wound their way across to reach the end of their 3,200-mile, 50-day journey. Hoisting their bikes above their heads, Michaela and Chris posed for a final victory photo. A surprise awaited at the finish line, as family friends Rich & Kate Wiley had arranged for transportation to Alameda, CA on board a yacht, The Lady Kate.

The team received numerous messages of support through the Greater Than Graves’ web site. Many marveled at Michaela’s ability to complete such a physically demanding journey – despite dealing with Graves’. But it certainly wasn’t easy. “Even in June, I was having days where I was hard to get on the bike,” Michaela recalls. “It was the latter part of the ride where I was feeling 100% Michaela’ again – and not being at the mercy of how Graves’ disease was making my body feel.”

So after such an epic journey, did Michaela take some time off to sleep, watch TV, and read a few books? Hardly. Instead, Michaela has hiked “14’ers” in Colorado (mountain peaks higher than 14,000 feet in elevation), had a total thyroidectomy, and drove herself to Southern California to start a new job at Boeing. During the trip, when a nosy innkeeper asked how she got her neck scar, she replied succinctly, “bear trap.” At press time, Michaela was recovering from orbital decompression surgery.

Michaela and her parents also attended the Foundation’s conference in Boston, where Michaela delivered a well-received presentation titled Becoming Greater Than Graves’. After sharing her story, Michaela challenged the attendees to reach out to others in the Graves’ community: “Think how much better our lives could be by making those connections.”

Michaela’s contributions have certainly had a ripple effect on the Graves’ community, with plans for a Greater Than Graves’ 2012 ride already underway. (See story, page 1).

So will Michaela herself continue the tradition? Michaela has a full calendar for the next year, including tackling the challenges of a new job. “But,” she says, “I’m always up for a challenge.”

To read blog posts or view photos from the Greater Than Graves’ journey, please visit the Greater Than Graves’ web site at www.greaterthangraves.com.
American Thyroid Association, American Association of Clinical Endocrinologists Release New Guidance Documents for Physicians, Patients

Several new guidance documents were released in 2011, designed to better standardize care for patients with Graves’ disease and other thyroid disorders.

In April 2011, the American Thyroid Association Task Force on Radioiodine Safety released guidelines to be used following treatment with radioiodine (RAI) therapy. Prior to the release of the guidelines, instructions were often conflicting – even between members of an individual patient’s medical team.

The following month, the American Thyroid Association and American Association of Clinical Endocrinologists joined forces to issue new guidelines for the treatment of hyperthyroidism. The guidelines cover hyperthyroidism due to Graves’ disease, destructive thyroiditis, and overactive thyroid nodules, as well as less common causes of hyperthyroidism.

In July 2011, a task force organized by the American Thyroid Association released guidelines for the management of thyroid disease during and after pregnancy. The guidelines cover issues including hypothyroidism, hyperthyroidism, thyroid cancer, postpartum thyroiditis, and adequate iodine intake. The new guidelines explain the impact of pregnancy on thyroid function testing and recommend the use of trimester-specific benchmarks for TSH testing.

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Robotics-Assisted Surgical Techniques

Robotics-assisted thyroid surgery has made news headlines recently, touted as an alternative that allows patients to avoid a noticeable incision in the neck. However, Dr. Miller notes that the manufacturer of the Da Vinci Surgical robotic system recently sent a letter to practicing physicians stating that the company was “no longer supporting the use of the robot for thyroidectomy and that the labeling of indications for use of the robot is being changed at the request of the FDA.”

The future of robotics-assisted thyroid surgery remains to be seen. Dr. Sippel explains that the process “involves incisions located in the armpits or breasts and involves tunneling instruments under the skin to reach the structures of the neck.” Dr. Sippel notes that the new approach is associated with a higher rate of complications. “It is important to understand that just because the incision is not in the neck, it does not necessarily mean that it is less invasive.”

Dr. Miller agrees. “The incision, which is many times larger than one used for conventional thyroidectomy, is just in a different place.”

Thyroid Surgery and Health Insurance

The results of a study published in the August 2009 Journal of the American College of Surgeons by In et. al. indicated that between surgery, RAI, and lifelong Anti-Thyroid Drug (ATD) treatment, total thyroidectomy was the most cost-effective treatment option for patients who had failed to achieve remission after 18 months of ATD therapy. Dr. Sippel states that she has “never had an insurance company refuse to pay”. Dr. Sippel notes that the actual out-of-pocket costs for surgery “will depend on the patient’s individual policy and deductible.”

Life after Surgery

Following surgery, patients must take thyroid hormone replacement medication for the rest of their lives. “Our goal is to initiate treatment immediately so that the patient never becomes hypothyroid,” Dr. Sippel explains. For patients who are hyperthyroid at the time surgery is performed, the initiation of replacement hormone may be delayed for a few days to allow the excess thyroid hormone to clear out. An initial estimate of the correct dosage of replacement hormone is based on the patient’s, age, weight, and medical history. Dr. Sippel stated that about one-third of her patients are stable at the first follow-up visit. The remainder may require additional dosing changes, which can take up to six months. “Most of the changes involve fine-tuning and making small adjustments in the dose,” Dr. Sippel stated. Patient Joyce Hanley’s initial dose of replacement hormone kept her levels stable for about 18 months following surgery; the dosage has since been tweaked downward slightly. Doraine Grassman required a couple of adjustments in her dosage of replacement hormone.

Both women were able to resume their regular activities fairly quickly. “I was back to work in less than 10 days,” recalls Hanley. “After a couple of days to work out the anesthesia, I felt great. I have no regrets… I am so pleased with the outcome.” Grassman expressed a similar sentiment: “I was right back to normal in three weeks, tops… I was actually very shocked. I’m very happy with what happened in my case.”
University of Michigan Kellogg Eye Center Hosts Patient-Physician Symposium

On Saturday, January 21st, the University of Michigan Kellogg Eye Center hosted a special symposium titled “Demystifying Thyroid Eye Disease: A Patient and Physician Symposium.”

The program featured guest speaker Elizabeth A. Bradley, M.D., Assistant Professor of Ophthalmology at the Mayo Clinic in Rochester. Several specialists from Kellogg Eye Center were also featured, including Raymond S. Douglas, M.D., Ph.D., Terry J. Smith, M.D., César A. Briceño, M.D., and Shivani Gupta, M.D., M.P.H.. Dr. Smith serves as the Graves’ Disease and Thyroid Foundation’s Chief Medical and Scientific Officer, and Dr. Douglas is a member of the Foundation’s Medical and Scientific Committee.

Additional participants from the University of Michigan Faculty included Anca M. Avram, M.D. and Barbra S. Miller, M.D., who addressed “Management of the Endocrinologic Manifestations of Graves’ Disease” and D. Edward Deneke, M.D., from the Department of Psychiatry, who spoke on “The Real Life Impact of Graves’ Disease and TED.”

The program drew approximately 58 patients and family members and 60 physicians. Attendees traveled from as far as northern Michigan. GDATF Founder and Chairman Emeritus Nancy H. Patterson, Ph.D., also traveled from North Carolina to attend. The program afforded physicians the opportunity to earn Continuing Medical Education credits to learn about Graves’ disease.

Dr. Raymond Douglas states, “Thyroid Eye Disease not only affects a patient’s vision, but has a significant impact on overall quality of life. Patients not only experience difficulties in reading, using a computer, or driving a car – but can also find themselves avoiding social situations due to appearance changes. We were pleased to bring this educational event to Ann Arbor and the surrounding communities.”

Thanks to volunteer organizer Jodi Douglas and to all the University of Michigan staff and faculty members who helped make this event a success! 🎉

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and his team will be joined by physicians riding in 3-day segments of the journey. Dr. Shivani Gupta and Dr. Raymond Douglas from Kellogg Eye Center were inspired to get involved after hearing Michaela’s story – and plan to complete a portion of the ride themselves. Kellogg Eye Center will also host a special event when the ride passes through Ann Arbor in early June.

For more information about the 2012 Greater Than Graves’ ride, visit www.greaterthangraves.com 🌇

Are you receiving e-mail messages from the Graves’ Disease and Thyroid Foundation?

Send your e-mail address to info@gdatf.org and keep up to date on the latest news and information!

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Greater Than Graves’ from volunteer Michaela Cui, who organized a 3,200-mile bike trek from Anchorage, AK to San Francisco, CA in 2011. (See full story, page 4). In the evening, attendees enjoyed a special reception and banquet, featuring prize drawings and numerous volunteer awards.

The event concluded on Sunday with a final “Breakfast Q&A With the Docs” – and attendees went their separate ways having gained a lot of knowledge and a powerful sense of community. Stay tuned for information on the Foundation’s plans for educational programming in 2012! 🎉

Foundation Names New Executive Director

The Board of Directors for the Graves’ Disease and Thyroid Foundation has named Kimberly Dorris Executive Director for the organization. Kimberly was diagnosed with Graves’ disease in 2007 and began attending the Foundation’s annual conferences in 2008. In 2010, Kimberly became a volunteer facilitator for the Foundation’s online bulletin board support group. That year, she also participated in the Foundation’s leadership training program, organized a public forum on Graves’ disease in Scottsdale, AZ, and established a local support group for patients and family members.

“The Graves’ Disease and Thyroid Foundation has literally touched thousands and thousands of lives since Nancy Patterson founded the organization in 1990,” Kimberly stated. “I am honored and excited to further the Foundation’s mission to ‘Educate, Encourage, and Empower’ those impacted by Graves’ disease and other thyroid-related disorders.”

Prior to her service with the Graves’ Disease and Thyroid Foundation, Kimberly spent 10 years with a community bank, where she served as chairman of the company’s Charitable Contributions Committee for two years. She is a long-time volunteer with the Phoenix Symphony and Fresh Start Women’s Foundation, and in her spare time enjoys travel, music, tennis, and reading. Kimberly can be reached at 877-643-3123, x101 or via e-mail at Kimberly@gdatf.org 🎉
Hanley experienced some calcium deficiency after the surgery, which resolved itself after a period of taking calcium replacement. Following her thyroidectomy, Grassman has noticed occasional bouts of hoarseness and some difficulty in singing high notes – although her vocal cord function appears to be normal, so this might not be a result of the surgery.

Hanley said that the incision from the surgery was made in a natural crease in her neck and “healed beautifully.” Grassman refers to her scar as “just a little white line that’s not really noticeable. Sometimes, I look in the mirror and think ‘where’s my scar?’”

Hanley, who traveled to UW-Madison from East Dubuque, IL, advises patients to seek out well-established treatment centers, such as key universities who have expertise on Graves’ – and to not be afraid to get a second opinion on their treatment options. “Find out the risks of all your options and then make an educated decision.”

