POST-THYROIDECTOMY HYPOPARATHYROIDISM

Patients' needs and attitudes towards a new treatment

Part A: The severity of your condition

1. The cause o	of your hype	oparathyro	idism is					
Injury to para	athyroid gland	ls during pre	vious thyroid s	surgery				
Injury to para	athyroid gland	ls during pre	vious parathyr	oid surgery				
O Idiopathic (n	o cause know	/n)						
Genetic synd	drome							
Please provide ar	ny other detail	s you think a	re relevant					
0.5.1				are the				
2. For how ma		ave you su	iffered with	this condition	on?			
Less than 1	year							
1-3 years								
3-5 years								
5-10 years								
Over 10 yea	rs							
3. In the last 6 treatment of se		•	-		-	admission to	o hospital fo	r
Weekly								
Monthly								
Occasionally	/ (please deta	il the numbe	r of visits)					
]							
4. Due to the le	oss of your	parathyro	id glands, w	vhat do you	think your o	verall quality	of life is (co	onsider
personal, soci		•						
[1 = Worst quality				_		_	_	
1	2	3	4	5	6	7	8	9

[0 = Least Severe; 5 = Most Severe]						
	0	1	2	3	4	5
Numbness or tingling in hands/feet/lips						C
Muscle cramps						
Headaches						
Seizures						
Bone pain						
Fatigue						
Generally low sense of well-being						
6. For each of these symptoms, μ	Never		ou experie	Most of the time	e Al	l of the tin
Numbess or tingling sensations in hands/feet/lips						
Muscle cramps						
Headaches						
Seizures						
Bone pain						
Fatigue						
General sense of low well-being						
7. Do you have other symptoms (hypoparathyroidism? If yes, pleas			e previous c	uestion) that co	uld be d	ue to
	to control th	ne low cald	ium levels	(name of drug	, dose/c	lay)
ease detail your daily treatment 8. Calcium supplements: 9. Vitamin D supplements:	to control th	ie low cald	cium levels	(name of drug	, dose/c	lay)

	-	_			erferes with	your daily li	ife?	
[1 = Doesn't in						_		
1	2	3	4	5	6	7	8	9
12. In gener	al, would yo	ou say your	health is?					
Excellent								
Very good	d							
Good								
Fair								
Poor								
Somewha	e same as one at worse than one you	one year ago						
_	•			-	th (i.e. the syneighbours,	•	hypoparath	yroidisn
Slightly								
Moderate	ely							
Quite a b	it							
Extremel	y							

Not at all			
Slightly			
Moderately			
Quite a bit			
Extremely			
16. Does your health now limit you in these	activities? If so, how	w much?	
	Yes, limited a lot	Yes, limited a little	No, not limited a
Vigorous activities, such as running, heavy lifting objects or participating in strenuous sports			
Moderate activities such as moving a table, pushing a vacuum cleaner or playing golf			
Light activities such as climbing a flight of stairs, walking to shops or doing the washing-up			

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Part B: Parathyroid transplantation- Current Questions

no to	ippose you rmalising ti take antire edications o	he calciur jection m	n levels in edication t	your bloc o prevent	od and ge the para	etting rid o thyroid tr	of your sy ansplant t	mptoms. I from rejec	However, _.	you may h	nave
	17. Choos		ximum nur ant.	mber of ye	ears (0 to	10 years	s) you wo	uld be will	ing to give	e up to get	a
	0	1	2	3	4	5	6	7	8	9	10
	18. Lookir need to liv	-	same scen orth gettin			•					u would
	0	1	2	3	4	5	6	7	8	9	10
	19. Would Yes No 20. In all transplant transplant [90% means	ransplant ed parath that you	nyroid glan would acc	always a d d. What i ept and s	chance o s the ma till be will	f rejectior ximum ch	n, which c nance of r the para	ould caus ejection w thyroid tra	vithin 1 yeannsplant?	ar after the	е
	0%	10%	20%	30%	40	1%	50%	60%	70%	80%	90%
							\bigcirc				
	have to pr	ne minimu ovide for as maximal	im level of you to acc	improver cept such t (identical t	nent of yorisks?	our quality	y of life th	at the par	athyroid to	ransplant v	
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

[1 = Not impo	d to not nee ortant; 10 = Ve	•	-	edication (i.e. freedor	n irom med	uication)?		
1	2	3	4	5	6	7	8	9	10
personal,	got the para social and c uality of life; 10	occupation	al quality)?	•	think your	quality of	life would t	oe (include	your
1	2	3	4	5	6	7	8	9	10
	ula a la al acco		4141	al la a as a sat	- f Al 11			411	
ase read	the below	paragrapn	tnat coul	a be part	or the "pa	tient intor	mea cons	ent"	
Yes No	eading the a		-	, ,					
	hance of re	-	parathyro	id gland w	ere 50% in	the first ye	ear, would	you still ge	et the
Yes									
No									
	w words ex a parathyro			ations wou	ld be the m	nost import	ant in your	deciding t	o get,
_									

POST-THYROIDECTOMY HYPOPARATHYROIDISM

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Part C: Parathyroid transplantation: Technical Aspects

There are several 'technical' options about parathyroid transplantation to be considered and it is currently not clear which one is most feasible, or with highest success rate or most likely to be approved after review by ethics committee and funding bodies.

At the present time there is no established technique or protocol for providing/attempting a parathyroid transplant. Several options could be explored, each with its own advantages and disadvantages, risks and limitations. Though this project is in its 'infancy' please give your initial thoughts on the technique involved.

27.

Option 1

Technique: Intramuscular injection of cell suspension from a parathyroid gland removed from another patient

3

4

Advantages: Simple technique, likely NOT requiring long-term immunosuppressants

Disadvantages: Allegedly unreliable

1

[1 = Certainly not interested; 5 = Certainly interested]

2

Please write any thoughts	you may have about this	option	

28.				
Option 2				
· ·	sision over your forear moved from another p	m muscle to create a patient	pocket in which to pl	ace fragments of
Advantages: Accepta	ably simple operation			
Disadvantages: Pos	sible need for immund	osuppressants		
[1 = Certainly not interest	ed; 5 = Certainly interested	d]		
1	2	3	4	5
Please write any thoughts	s you may have about this	option		
29.				
Option 3				
		rowing cells from a pa ation of this patch of s		· ·
Advantages: <i>Ability t</i>	o check that the graft	produces parathyroid	hormone before beir	ng transplanted
Disadvantages: Cert	ain need for long term	n use of immunosuppr	ressants	
[1 = Certainly not interest	ed; 5 = Certainly interested	d]		
1	2	3	4	5
Please write any thought:	s you may have about this	option		
, ,		•		

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Part D: Your involvement

30. In which way would be interested to be involved in the development of this project?
(Please tick as many as you find appropriate)
Writing patient information leaflet to allow informed consent before the procedure
Reviewing as a lay person the application to the Ethics Committee
Being considered a potential candidate in the trial
Providing support to other patients in a similar situation
Other (please specify)
31. At what email address would you like to be contacted?

Thank you for your support with this project!