



Dr. Christopher Britt: my thoughts on telemedicine, patient satisfaction and tyrosine kinase inhibitors

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Editor's note

The focused issue “*The Management of Thyroid Tumors in 2020 and Beyond*” edited by Drs. Jonathon Russell and Jeremy Richmon is going to be released in *Annals of Thyroid (AOT)* in the coming months. This issue aims to review the state-of-art in the management of thyroid pathology, to provide a venue for original research focused on remote access or minimally invasive thyroid management and to review the success at extending proven management strategies into new geographic regions. Taking this opportunity, we have done a series of interviews with the authors discussing the highlights of their articles and sharing their experiences or stories in this field.

Dr. Christopher Britt from Loyola University Medical Center has been researching into throat cancer, mouth cancer, oropharyngeal cancer, nasal cancer, sinus cancer, thyroid cancer, parathyroid cancer, skull base cancers and benign diseases of the head and neck for many years. It is such an honor for *AOT* to interview Dr. Britt on telemedicine, patient satisfaction and tyrosine kinase, and his stories in this field.

Expert's introduction

Dr. Britt (*Figure 1*) is an assistant professor in the Department of Otolaryngology of Loyola Medicine and Loyola University Chicago Stritch School of Medicine. Conditions Dr. Britt treats include throat cancer, mouth cancer, oropharyngeal cancer, nasal cancer, sinus cancer, thyroid cancer, parathyroid cancer, skull base cancers and benign diseases of the head and neck. Dr. Britt also performs microvascular reconstruction, which involves using tissue from another part of the body, typically arms or legs, to replace tissue lost in cancer surgery. In appropriate patients, Dr. Britt employs minimally invasive thyroid and parathyroid surgery and less invasive transoral robotic surgery (TORS).



Figure 1 Christopher Britt, MD.

Dr. Britt earned his medical degree from St. Louis University School of Medicine. He completed a residency in otolaryngology at the University of Wisconsin-Madison and a fellowship in head and neck oncology surgery and microvascular reconstruction from Johns Hopkins University.

Interview questions

AOT: *Why did you choose the otolaryngology at the early stage?*

Dr. Britt: I had wonderful mentors. My mentors in otolaryngology at St. Louis University were excellent physicians and surgeons and were personable and pleasant. They showed me that you could be an excellent doctor and maintain a healthy life outside of work, essentially succeeding in both.

AOT: *Would you like to describe some particular challenges, setbacks, or successes you've encountered along the way?*

Dr. Britt: In my short time in medicine, I'm always amazed when I look back at the number of challenges I've had. Giving patient's families bad news is always the most difficult thing in my practice. Patients tend to handle their complications well; but with families, it seems that since they aren't directly experiencing the complication, they have a harder time understanding and coming to terms with the issue at hand. This is a double-edged sword, because delivering good news to families and patients is one of the most rewarding parts of my job, especially when a potentially very poor outcome turns into a great outcome. Sometimes the families are more elated than the patient themselves. For example, a feared complication in head and neck surgery is the carotid blow out. I've seen patients do very well, somewhat unexpectedly, and very poorly from this complication.

AOT: *In the focused issue "The Management of Thyroid Tumors in 2020 and Beyond", you have contributed an article with Dr. Estelle Chang on "Telemedicine/Patient Satisfaction review". Could you briefly introduce to the readers what is Telemedicine/Patient Satisfaction?*

Dr. Britt: These are kind of two separate topics. Patient satisfaction is really how patients perceive and feel about their experience through the medical process. This can change from before, during, and after the process depending on the care they receive and can be influenced by a multitude of factors and people.

Telemedicine is medicine where some aspect is performed remotely. This could be a phone call, video chat, or online chat but may be as complicated as guiding another surgeon through a surgery from a remote location.

AOT: *When did you first approach to the telemedicine in thyroid surgery? What do you see the future development in telemedicine?*

Dr. Britt: Really any time I have made a phone call to patients with results. However, the most striking time

was using an iPad to describe a surgery to a patient over the phone while sending them streaming drawings. I've also been able to look at patients' wounds without having them come to the office. I see telemedicine dramatically improving patient counseling and decreasing the need for preoperative visits and helping improve and streamline post-operative visits.

AOT: *We learn that you will also write an article on tyrosine kinase inhibitors (TKIs) in the focused issue. In your opinion, what are the thyroid complications of this new anti-cancer therapies?*

Dr. Britt: Dr. Jon Russell and I recently described a complication of a TKI that related to poor wound healing after total laryngectomy and tracheoesophageal puncture related to thyroid malignancy. I believe that many complications related to these TKIs are more generalized including diarrhea, mucositis, and rash and not specifically related to the thyroid. However, there is some data that these can cause hypothyroidism. Since these medicines have only been implemented for under a decade, it is difficult to know what long term effects could manifest.

Acknowledgments

We would like to express our sincerest gratitude to Dr. Christopher Britt for sharing his stories, insights and opinions with us.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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