

# The Diary of a Thyroidologist during COVID-19 Pandemic

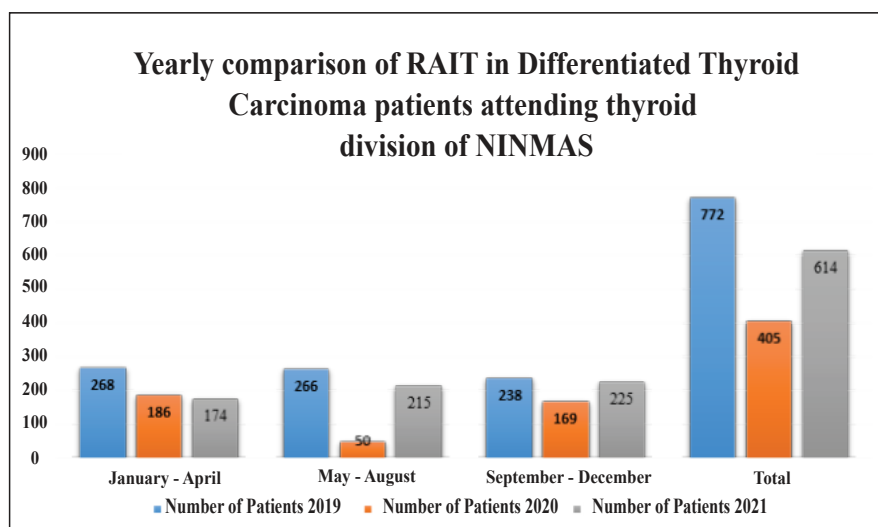
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The COVID-19 pandemic has led to unprecedented changes in our lifestyles, society, economy, and health system that were beyond our imaginations just 2 years back. Besides strict lockdowns, general holidays and efforts to treat and control the spread, new waves of pandemic with newer strains are observed, thus putting the health system in serious challenges. While working as a thyroidologist in a center of excellence like National Institute of Nuclear Medicine & Allied Sciences (NINMAS), we were anticipating that pandemic-related restrictions and reorganization of healthcare services may affect thyroid disease management. Since March, 2020, NINMAS authority continuously recognized the difficulties faced by the patients of thyroid division and classified the priority cases for in-person visits and therapeutic procedures especially monitored by the head of thyroid division. Telemedicine service (TMS) worked as a useful tool for managing patients not requiring in-person visits starting from April, 2020 and still continuing.

COVID-19 pandemic has kept several significant impacts in the practice of thyroid disease management. For thyroid cancer, firstly the diagnosis has been delayed due to social isolation, reduced access to laboratories for investigations and staff redeployment. Secondly, treatment planning needed to calculate the risk versus benefits for each patient with attendants and of course staff, keeping the nosocomial source of transmission of the virus in mind. Finally, the import of  $^{131}\text{I}$  capsules and radio-iodine ablation therapy (RAIT) followed by staying in isolation in dedicated hospitals got interrupted. The American Thyroid Association (ATA) has released guidelines on the possible delay of  $^{131}\text{I}$  therapy and surgery for thyroid cancer depending largely on the local COVID-19 transmission rates (1). During the peak of infection in April, May and June 2020, scheduled RAIT was not possible for us too. Our experience of the impact of COVID-19 on RAIT of differentiated thyroid cancer (DTC) patients is reflected (Figure 1) in the numbers of patients i.e. 630 in year 2019, 405 in 2020 and 614 in 2021 respectively.



**Figure 1:** Bar graph showing the year wise comparison of the number of differentiated thyroid carcinoma patients attending thyroid division of National Institute of Nuclear Medicine & Allied Sciences during the three consecutive years. (Year 2019: blue, Year 2020: Orange, Year 2021: Gray). Patients numbers are placed in Y-axis and four months of each year is grouped on X-axis

Follow up visits declined significantly during 2020 but TMS eased reaching us even in weekends.

Both hyperthyroid patients and DTC survivors reportedly suffer from increased anxiety and insecurity during the pandemic period mostly because of fear of cancer recurrence besides getting COVID infection. So, adapting with the virtual interface and conversion of in person visits were fairly convenient besides the drawbacks regarding poor internet speed and use of smart phones. Potential challenges were faced by the thyroid physicians of NINMAS for the planning of RAIT, counselling schedules, pre-therapeutic investigations, import of  $^{131}\text{I}$  capsules in due time, post therapy whole body scan (RxWBS) and follow ups to balance against the risk of viral exposure in a health care facility with limited resources.

Administration of COVID-19 vaccines started on January 2021 in Bangladesh which included frontline health workers initially but mass vaccination started from February 2021 according to age groups (2). Though FDA

approved and WHO recommended, most frequently asked questions from the thyroid patients was if the vaccine is safe for them.

Now we know that SARS-CoV-2 may cause short-term and reversible thyroid dysfunction but do not affect the progression of COVID-19 (3). On August 2021, a survey was done among the DTC patients of NINMAS and among them only 6.9% reported COVID infection with 1 mortality and 3 hospital admission at ICU. So far, majority of DTC patients of NINMAS are convinced and getting vaccinated against COVID-19.

## REFERENCES

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3. Lisco G, De Tullio A, Jirillo E, Giagulli VA, De Pergola G, Guastamacchia E, Triggiani V. Thyroid and COVID-19: a review on pathophysiological, clinical and organizational aspects. *Journal of Endocrinological Investigation*. 2021 Sep;44(9):1801-14.