

Interview with Prof. Dr. Gregory Randolph

1 - Starting back at the very beginning, what or who got you interested in the field of surgery to begin with and what aspect of that influenced you to go into head and neck?

I became interested in head and neck surgery as a Cornell medical student. At Cornell we have rotations at Memorial Sloan-Kettering an affiliate of Cornell. During this time I was exposed to thyroid and neck surgery at Memorial Sloan-Kettering. It was this experience and the beauty of the neck that attracted me towards thyroid and parathyroid surgery.

2 - What was the practice of head and neck surgery like when you first started? How has the practice of head and neck surgery changed over the years? What do you expect to change in the next 10 years?

Head and neck surgery when I started as a resident was primarily focused on squamous cell carcinoma and not on thyroid surgery. The number of thyroid surgeries that were performed at the Massachusetts Eye and Ear Infirmary per year at that time was less than 10. There has been a strong trend towards increasing thyroid and parathyroid surgical volume within head and neck surgery, based in part on knowledge of the larynx, recurrent laryngeal nerve, and various aspects of nodal management.

3 – Who should perform neck endocrine surgery? The general surgeon or the otolaryngologist?

Both general surgeons and otolaryngologists are trained and skilled at thyroid and parathyroid surgery. In my career I have found the best patient care and the best educational products occur when we all work together collaboratively. This is a very important point and should not be underestimated. We all have contributions to the field of thyroid and parathyroid surgery. I feel very strongly that it is our responsibility to our patient to all work together collaboratively. This has been our model at Massachusetts Eye and Ear Infirmary and Mass General Hospital.

4 – How far should the general surgeon - without any particular endocrine surgery fellowship training go in endocrine surgery?

I think in general advanced training in endocrine surgery represents an advantage to the individual. However residency experiences in thyroid and parathyroid surgery vary quite a bit and I do feel that there are some residents who are prepared for thyroid and parathyroid surgery without fellowship training. I think therefore that fellowship training may represent an advantage but does not need to be required for the performance of thyroid and parathyroid surgery.

5 - What do you consider the biggest current opportunity for head and neck surgery?

New methods of electrophysiologic monitoring of the recurrent laryngeal nerve and new methods for assessment and management of nodal disease for papillary carcinoma thyroid I think represent two areas where there will be substantial advances in the next several years.

6 – What is your personal opinion considering the ATA 2009 guideline? What revisions should it undergo?

I am on the 2013 ATA guidelines task force. There will be many changes to the guidelines-these will include new discussion of central neck dissection and may include recommendations regarding laryngoscopy around the time of thyroid surgery.

7 - From a clinical point of view, how would you, as an American surgeon, comment on Endocrine Surgery in Europe?

The quality of endocrine surgery in Europe I think is superior. I think American surgeons can learn a lot from their European colleagues.

8 – If a surgeon would be awarded with the Nobel Prize, who would be your nominee? Why?

Surgical leaders in the endocrine surgical field in my mind include Orlo Clark and Jatin Shah. These individuals have provided years of surgical leadership and train legions of excellent surgeons. I have always looked to these two individuals in my career.

9 – How much time do you spent with your family in your everyday life and what is the most you like to do with your family?

Unfortunately I did not spend as much time with my family as I would like to. Our children are now all in or graduated from college and so I am able to spend some more time with my wife Lorraine on weekends. We enjoyed biking and hiking.

10 - Appropriately the last question that we put down was whether you have any particular words of wisdom that you would like to convey to current and/or future surgeons involved with neck endocrine surgery?

I would advise young surgeons to seek out mentors within endocrine surgery. A young surgeon should read intensely and focus on the offers whose papers are most important to you. Seek out these individuals and their guidance.