

# Relation between surgeon reported outcome and the National Prescribed Drug Register in Sweden. A nationwide study of permanent hypoparathyroidism after total thyroidectomy.

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## **Abstract body (should contain maximum 300 words)**

**Purpose** Most larger studies of permanent hypoparathyroidism (pHPP) after total thyroidectomy (TT) rely on non-validated surgeon-reported data. The prevalence of pHPP is highly variable, which raises questions about the reliability of surgeon-reported data. We aimed to investigate the prevalence of pHPP and the concurrence in surgeon-reported data and rate of treatment with active vitamin D and/or calcium after TT. **Methods** All patients who underwent TT for benign thyroid disease in Sweden 2005-2015 were included. Patients were identified through SQRTPA (Scandinavian Quality Register for Thyroid, Parathyroid and Adrenal Surgery), the Swedish National Patient Register (SNPR) and cross-linked with data from the Swedish Prescribed Drug Register. Patients with preoperative treatment with active vitamin D and/or calcium were excluded. pHPP was defined as a new dispensation of active vitamin D and/or calcium 12 months after surgery. **Results** 7311 patients were included. The coverage rate in SQRTPA was 40.2 % 2005 and increased to 72.4% 2014. Baseline variables in SQRTPA and SNPR showed a concurrence of 98.9% in procedure and 99.0% in operation date, with less than 3 days difference. Some 13.4 % (n=982) developed pHPP after TT. Of those were 16.8% (n=165) reported in SQRTPA, while 32.5% (n=319) was reported as no pHPP and 50.7 % (n=498) had either missed data or no registration in SQRTPA. **Conclusions** The risk of permanent medication with active vitamin D and/or calcium after total thyroidectomy was high. Baseline data had a high concurrence in SQRTPA and SNPR. However, surgeon-reported follow-up data underestimated the prevalence of permanent hypoparathyroidism.