AMERICAN ASSOCIATION OF ENDOCRINE SURGEONS

January 4, 2022

We recently resent the AAES' suggestions on how to stratify cases according to urgency for situations where an institution either needs to limit or ramp up elective surgery based on local COVID restrictions. These suggestions can be found here.

A group of AAES experts also made recommendations about NETs that are summarized below. The AAES' suggestions incorporate and closely align with recommendations made by other societies such as the Society for Surgical Oncology (SSO) and NANETs.

Please note that these thoughts are NOT meant to constitute a position statement, standard of care, or evidence-based/best practice guideline, but rather are the opinions of a selected group of senior surgeons. In deciding the timing of surgery, each surgeon and institution must consider their individual patient within the context of her/his organization's specific circumstances and available resources.

- Immediate/urgent surgery for most NETs can be temporarily delayed when healthcare resources necessitate such action. Patients should be considered for medical therapy (ex. somatostatin analogues and Teliostat when symptomatic) and/or interventional embolization or PRRT when appropriate).

- Category 1:
  - Symptomatic and/or non-functional NETs (e.g., evidence of obstruction, bleeding/hemorrhage, significant pain, mesenteric ischemia, etc)
  - Symptomatic and/or functional pancreatic NETs and GI-NETs that cannot be controlled medically or are failing PRRT
  - Non-functional pancreatic NETs unresponsive to best medical therapy that are causing symptoms such as jaundice, bleeding, obstruction
  - NETs demonstrating significant growth and/or short doubling times
  - NETs that represent a threat to a pregnant mother or her fetus
  - Cardiac surgery for Carcinoid heart disease

- Category 2:
  - Cytoreductive operations and metastasectomy in stable patients well controlled on medical therapy such as SSAs
  - Potentially curative early stage PNETs

- Category 3/4:
  - Stage 1 and 2 incidentally discovered non-functioning low grade (G1) GI-NETs such as gastric type 1, localized rectal NETs, or SB-NETs