Dear Colleagues,

As the COVID-19 pandemic continues to radically reshape our daily lives, many hospitals are postponing elective surgery in order to conserve resources. Thankfully, many of those institutions are also looking to its surgeons to help assess the level of urgency. The AAES leadership has been following this issue closely at our own institutions and on social media. We thought it would be helpful to share our thoughts as a group on what we think qualifies as urgent endocrine surgery (i.e. should be done within approximately 4 weeks given the current climate and being cognizant that there may be a delay of 2-3 months in rescheduling the procedure). 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 surgeons. Each surgeon and institution must consider their individual patient within the context of their organization in making a decision around the timing of surgery. Clearly, as the pandemic evolves, our collective thoughts on level of urgency will need to evolve as well.

Stay safe,
Allan

Adrenal:
- Adrenocortical cancer
- Pheochromocytoma or paraganglioma that cannot be controlled medically

Parathyroid:
- HPT with life-threatening hypercalcemia that cannot be controlled medically

Thyroid:
- Life-threatening or severely symptomatic Graves’ that cannot be controlled medically
- Goiter causing airway compromise
- Thyroid cancers that are imminently threatening the life or the health of the patient such as those with short double timings or aggressive recurrences.
- Open biopsy to confirm a suspected diagnosis of anaplastic thyroid cancer or thyroid lymphoma in order to direct appropriate treatment

General:
- Endocrine disorders in pregnant patient that are dangerous to the health of the mother or fetus that cannot be controlled medically