



SURGICAL AFFAIRS COMMITTEE — Comment on Thyroid Surgery During the Covid-19 Pandemic

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The Covid-19 pandemic continues to influence all aspects of healthcare in the United States and abroad. Elective surgeries have been nearly universally postponed to minimize risk of disease transmission and also conserve resources.

As thyroid surgeons we appreciate the impact that this pause may have as nearly all of our patients who require surgical care will be expected to postpone or delay surgery and perhaps wait longer than usual to be seen by a surgeon for initial consultation. We recognize the anxiety this may provoke, particularly in those with a cancer diagnosis or nodules with indeterminate pathology. It is encouraging in these times to remember the generally favorable prognosis associated with well-differentiated thyroid cancer, its typical slow rate of growth, and even the role that non-operative management can play in select patients.

The leaders of national surgical societies including the American Association of Endocrine Surgeons, The American Head and Neck Society, and the Society of Surgical Oncology, have issued statements addressing the optimal approach to performing endocrine surgeries during this time. As the Surgical Affairs Committee of the ATA we would like to briefly summarize the common opinions of these groups as they pertain to the care of our patients with thyroid disease.

Urgent surgery (not to be delayed beyond 4 weeks) should be considered for:

- Thyroid cancers that are imminently life threatening, pose significant morbidity related to local invasion (trachea, recurrent laryngeal nerve), or exhibit aggressive tumor biology (short doubling times, rapid tumor growth or recurrence, or rapidly progressive local-regional disease)
- Life-threatening or severely symptomatic Graves' disease that cannot be medically controlled

- Goiter with symptomatic airway compromise or with risk for impending loss of airway
- Open biopsy for confirmation of clinically suspected anaplastic thyroid cancer or thyroid lymphoma when other diagnostic measures have been inconclusive
- Pregnant patients with thyroid related disorders that are dangerous to the health of the mother or fetus and cannot be controlled medically

These recommendations represent opinions from experts in the field, and it must be understood that all decisions should be made on a case-by-case basis considering individual patient factors and local hospital and regional resource capacity.

Referring physicians and patients should be assured that surgeons are committed to the prompt management of their thyroid diseases. As we move forward and begin to resume elective surgeries, we look to guidance from our national societies, who in concert with our hospitals and local and state authorities, have outlined general principles to be followed to ensure patient and healthcare worker safety and also continued preservation of resources. Individual surgeons will identify and prioritize patients whose surgeries are most time sensitive, such as those with more advanced thyroid cancer and medically labile hyperthyroidism. Patients with more indolent conditions, like compressive goiter, will likely be considered for surgery as operative capacity increases. Importantly, a range of other factors will also impact surgical timing: local community Covid-19 prevalence, regional and hospital supply status, preoperative testing requirements, and, perhaps most crucially, patient perception of risk and willingness and ability to proceed. As always, the safety and personal well being of our patients is paramount and should dictate the ultimate timing of surgery.

