Elective Case Triage Guidelines for Surgical Care

CANCER			
Condition	**P1 (2 weeks)** **Surgeries that if significantly delayed could cause significant harm**	**P2 (1 month)** **Surgeries that could be delayed for a few weeks**	**P3 (3 months)** **Surgeries that can be delayed several months**
Breast cancer			
	• Neoadjuvant patients finishing treatment	• Clinical Stage T2 or N1 ERpos/PRpos/HER2 negative tumors • Triple negative or HER2 positive patients • Discordant biopsies likely to be malignant • Excision of malignant recurrence • Delayed SNB for cancer identified on excisional biopsy • Re-excision surgery	• cTisN0 lesions-ER positive and negative • Clinical Stage T1N0 estrogen receptor positive/progesterone receptor positive/Her2 negative tumors • Inflammatory and locally advanced breast cancers
Colorectal cancer			
	• Nearly obstructing colon • Nearly obstructing rectal cancer • Cancers requiring frequent transfusions • Rectal cancers after neoadjuvant chemoradiation with no response to therapy • Cancers with concern about local perforation and sepsis	• Asymptomatic colon cancers • Early stage rectal cancers where adjuvant therapy not appropriate (4-6 sem) • Small, asymptomatic colon carcinoids • Small, asymptomatic rectal carcinoids	• Malignant polyps, either with or without prior endoscopic resection
Thoracic cancer			

	• Solid or predominantly solid (>50%) lung cancer or presumed lung cancer >2cm, clinical node negative • Node positive lung cancer • Esophageal cancer T1b or greater • Chest wall tumors of high malignant potential not manageable by alternative therapy • Staging to start treatment (mediastinoscopy, diagnostic VATS for pleural dissemination) • Symptomatic mediastinal tumors – diagnosis not amenable to needle biopsy	• Post induction therapy cancer • Stenting for obstructing esophageal tumor • Predominantly ground glass (<50% solid) nodules or cancers • Solid nodule or lung cancer < 2 cm	

Reference: COVID 19: Elective Case Triage Guidelines for Surgical Care – Gynecology, American College of Surgeons, released March 24, 2020.

GYNECOLOGY			
Emergency surgeries (no delay)	**P1 (2 weeks)** **Surgeries that if significantly delayed could cause significant harm**	**P2 (1 month)** **Surgeries that could be delayed for a few weeks**	**P3 (3 months)** **Surgeries that can be delayed several months**
• Ectopic pregnancy • Spontaneous abortion • Adnexal torsion • Rupture tubal-ovarian abscess • Tubal-ovarian abscess not responding to conservative therapy • Acute and severe vaginal bleeding • Cesarean section • Emergency cerclage of the cervix based on pelvic exam/ultrasound findings	• Cancer • Ovarian, Tubal or Peritoneal cancer • Ovarian masses cancer is suspected • Endometrial cancer and endometrial intraepithelial neoplasia • Cervix cancer • Vulvar cancer • Vaginal cancer • Gestational Trophoblastic Neoplasia • Cerclage of the cervix to prevent premature delivery based on history • Pregnancy termination (for medical indication or patient request)	• Chorionic villus sampling/amniocentesis (CVS is performed between 11 and 14 weeks of gestation; amniocentesis is performed 15-22 weeks of gestation) • D&C with or without hysteroscopy for abnormal uterine bleeding (pre- or postmenopausal) when cancer is suspected • Cervical conization or Loop Electro-Excision Procedure to exclude cancer • Excision of precancerous or possible cancerous lesions of the vulva	• Sterilization procedures (e.g., salpingectomy) • Surgery for fibroids (sarcoma is not suspected) • Myomectomy • Hysterectomy • Surgery for endometriosis, pelvic pain • Surgery for adnexal masses that are most likely benign (e.g., dermoid cyst) • Surgery for pelvic floor prolapse • Surgery for urinary and/or fecal incontinence • Therapeutic D&C with or without hysteroscopy with or without endometrial ablation for abnormal uterine bleeding and cancer is not suspected • Cervical conization or Loop Electro-Excision Procedure for high grade squamous intraepithelial lesions

			• Infertility procedures (e.g., hysterosalpingograms, most elective embryo transfers) • Genital plastic surgery • Excision of condyloma acuminata (if cancer is not suspected)

Reference: COVID 19: Elective Case Triage Guidelines for Surgical Care – Gynecology, American College of Surgeons, released March 24, 2020.

UROLOGY			
Condition	**P1 (2 weeks)** **Surgeries that if significantly delayed could cause significant harm**	**P2 (1 month)** **Surgeries that could be delayed for a few weeks**	**P3 (3 months)** **Surgeries that can be delayed several months**
Endourology / Stone disease			
			• Indwelling ureteral stent • BPH (TURP, HOLEP, PVP Laser, etc.)
Female urology / Incontinence			

	• Second stage nerve stimulator placement or removal		• All procedures related to:
			  ○ Stress urinary incontinence
			  ○ Interstitial cystitis
			  ○ Overactive bladder
			  ○ Neurogenic bladder

Bladder cancer			
	• Cystectomy for MIBC, regardless of receipt of neoadjuvant chemotherapy • Cystectomy for CIS refractory to 3rd line therapy • TURBT for suspected cT1+ bladder tumors		
Testicular cancer			
	• Orchiectomy for suspected testicular tumor		• Post-chemotherapy RPLND (favor chemotherapy or radiation rather than RPLND when clinically appropriate.
Kidney cancer			

	• Nephrectomy for cT3+ tumors, including all patients with renal vein and/or IVC thrombi		• Planned partial or radical nephrectomy for cT1 masses should be delayed or other forms of ablative approaches should be considered in selected patients. • Planned partial or radical nephrectomy for cT2 should be considered for delay based upon patient specific considerations, such as age, morbidity, symptoms, and tumour growth rate
Prostate cancer			
			• Most prostatectomies should be delayed (Shared decision making to consider radiation therapy for NCCN High risk disease. • Surgery for NCCN High risk disease if patient is ineligible for radiation
UTUC			
	• Nephroureterectomy for high grade and/or cT1+ tumors		
Adrenal tumours			
	• Adrenalectomy for suspected ACC, or tumours >6cm		• Suspicious adrenal masses (<6cm, favorable imaging characteristics)
Urethral / Penile cancer			

	• Clinically invasive or obstructing cancers		

Reference: CONSIDERATIONS IN THE TRIAGE OF UROLOGIC SURGERIES DURING THE COVID-19 PANDEMIC, European Urology, March 2020.