Thyroid Nodules Testing

**INDICATIONS FOR TESTING**
Patient presents with a palpable nodule in the thyroid gland, enlarged thyroid, or abnormal cervical nodes

**PERFORM**
Thyroid ultrasound (US) AND ORDER
Thyroid Stimulating Hormone (TSH)

**RECOMMEND FNA***:
- Nodules >1 cm with high or intermediate suspicion sonographic pattern on US
- Nodules >1.5 cm with low suspicion sonographic pattern on US

**CONSIDER FNA**:
Nodules >2 cm with very low suspicion sonographic pattern on US

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**Bethesda System for Reporting Thyroid Cytopathology (2009)**

**Nondiagnostic/unsatisfactory**
- Repeat FNA with US guidance
- Nondiagnostic
  - High suspicion of malignancy
    - Yes: Close surveillance or surgery
    - No: Surveillance

**Benign**
- Very low suspicion on US
  - Repeat FNA within 12 mos
  - Repeat US, FNA at 12-24 mos
  - Repeat US, FNA at 24 mos or no repeat necessary

**Malignant or suspicious for papillary thyroid carcinoma**
- Low to intermediate suspicion on US
  - Repeat US, FNA at 12-24 mos
- High suspicion on US
  - Repeat US, FNA within 12 mos
- Consider mutation testing if patient will benefit from chemotherapy (eg, metastatic lesions, high grade lesions)

**Indeterminate cytology***
- Follicular neoplasm (FN) or suspicious for FN
  - High or intermediate suspicion for malignancy on US
    - Repeat FNA at 3-6 mos
  - Molecular testing
  - No
    - Surveillance (low risk, patient preference)
    - Not informative or suggests not benign
      - Surveillance
      - Suggests malignancy
        - Benign
  - Yes
    - BETHESDA category diagnosis
      - Follow up as per diagnostic category
      - If suspicious, consider excision
      - Molecular testing, if results will modify management

**Surgery**
- Surgery
- Mutation analysis if data will alter surgical decision

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* Consider second opinion
* Repeat FNA or molecular testing may be utilized prior to decision making