

Thyroid Nodules

The American Thyroid Association recently announced the following new guidelines on thyroid nodules, their management and differentiated suspicious features of thyroid cancer.

Nodules are stratified into one of five categories:

Category 1: *Simple cystic* appearance nodules have a very low risk for malignancy, regardless of their size. Fine needle aspirate (FNA) for biopsy for therapeutic purposes, such as compressive symptoms.

Category 2: *Cystic with some solid component* nodules are typically spongiform and have a very low risk for malignancy (less than 3%). FNA for biopsy when larger than 2 cm.

Category 3: *Solid with iso- or hyper-echoic appearance* compared with the surrounding thyroid tissue. These tend to be low-risk nodules with a 5%-10% risk for malignancy. FNA for biopsy, if larger than 1.5 cm.

Category 4: *Solid with a hypoechoic appearance* with well-defined borders and do not have any other suspicious sonographic features (see Category 5). These are intermediate-risk nodules with a 10%-20% risk for malignancy. FNA for biopsy, if 1 cm. or larger.

Category 5: *Solid with a hypoechoic appearance with one or more highly suspicious features* - extrathyroidal extension, micro-calcifications, height > width, or a disrupted rim calcification. FNA for biopsy, if 1 cm or smaller (with more than one suspicious feature).

Reference:

Haugen BR, Alexander EK, Bible KC, et al. 2015 American Thyroid Association management guidelines for adult patients with thyroid nodules and differentiated thyroid cancer: The American Thyroid Association Guidelines Task Force on thyroid nodules and differentiated thyroid cancer. *Thyroid*. 2016;26:1-133.