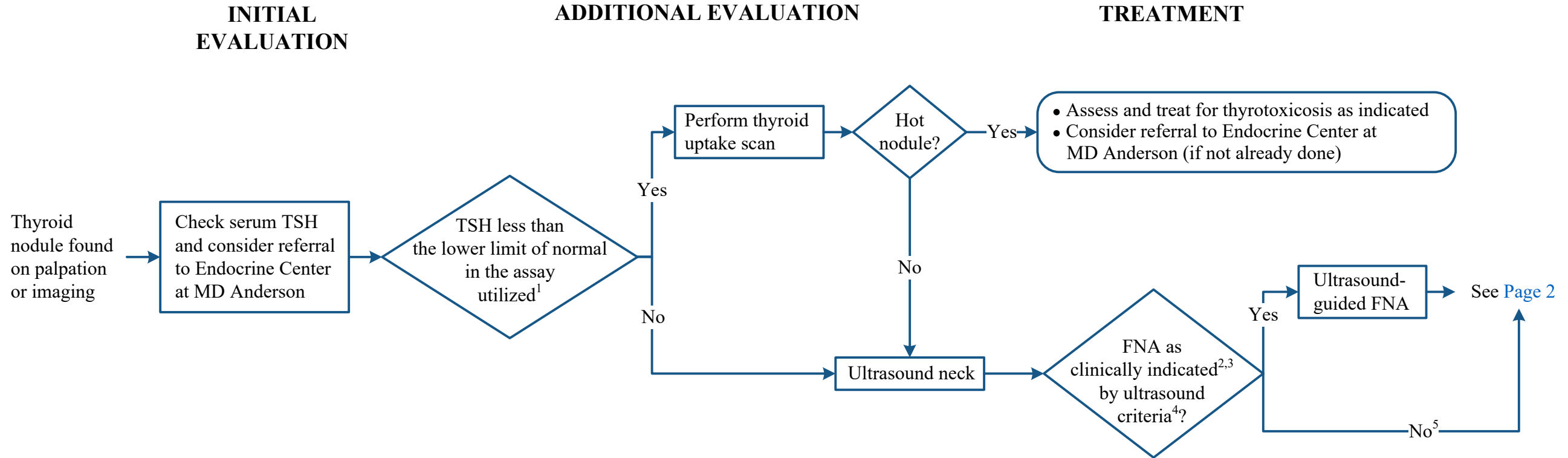


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Note: Consider clinical trials as treatment options for eligible patients.



TSH = thyroid stimulating hormone
 FNA = fine needle aspiration

¹ For people with a low TSH who are taking thyroid hormone supplementation (e.g., levothyroxine, desiccated thyroid extract, liothyronine), consider exogenous thyrotoxicosis before proceeding to perform a thyroid uptake and scan

² Detection of abnormal lymph nodes warrants FNA of the lymph node

³ Reference the [American College of Radiology Thyroid Imaging, Reporting and Data System \(TI-RADS\)](#) for FNA criteria

⁴ Reference the American Thyroid Association (ATA) guidelines

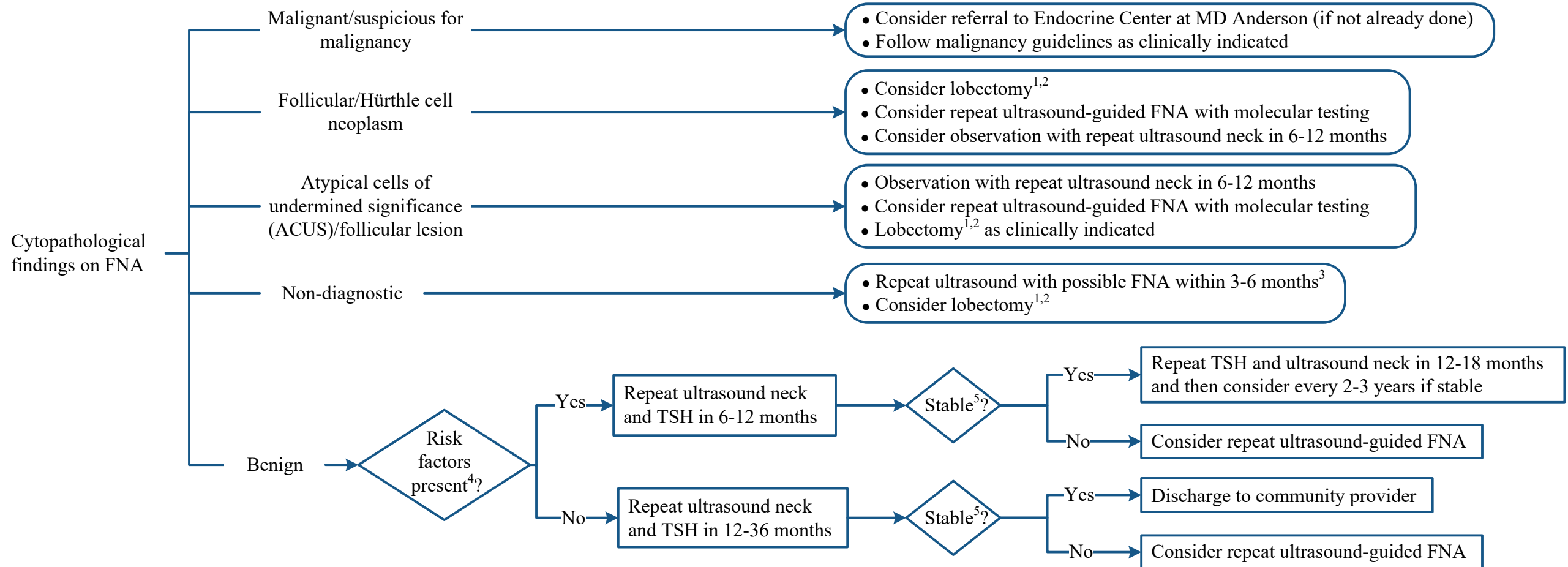
⁵ Refer to ATA guidelines regarding drainage of a simple cyst for symptomatic or cosmetic reasons

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Note: Consider clinical trials as treatment options for eligible patients.

CLINICAL PATHOLOGIC FINDINGS

TREATMENT



¹ Surgery can be extended to total thyroidectomy for bilateral disease or high risk, which includes family history of thyroid cancer, radiation exposure, unilateral nodule greater than or equal to 4 cm, especially in men, or patient's preference

² For patients who underwent lobectomy, thyroid function tests (TFT) should be repeated at 4 to 8 weeks, 6 months and 12 months post-op to rule out hypothyroidism

³ If repeat FNA is nondiagnostic, consider surgery or follow-up as benign pathology with risk factors

⁴ Risk factors:

- Family history of thyroid cancer
- Childhood cancer survivor
- History of radiation exposure to the head/neck
- Familial adenomatous polyposis
- Suspicious ultrasound features

⁵ Reference the American Thyroid Association (ATA) guidelines

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Endocrine Center Faculty workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Core Development Team Leads

Naifa Lamki Busaidy, MD (Endocrine Neoplasia and HD)
Mouhammed A. Habra, MD (Endocrine Neoplasia and HD)
Steven I. Sherman, MD (Endocrine Neoplasia and HD)
Steven G. Waguespack, MD (Endocrine Neoplasia and HD)
Michelle D. Williams, MD (Anatomical Pathology)

Workgroup Members

Nancy Caraway, MD (Anatomical Pathology)
Sarah B. Fisher, MD (Surgical Oncology)
Olga N. Fleckenstein, BS[♦]
Paul Graham, MD (Surgical Oncology)
Elizabeth Grubbs, MD (Surgical Oncology)
Kim Learned, MD (Neuroradiology)
Nancy Perrier, MD (Surgical Oncology)

Komal Shah, MD (Diagnostic Radiology - Neuro Imaging)
Sonali Thosani, MD (Endocrine Neoplasia and HD)
Rui Jennifer Wang, MD (Head & Neck Surgery)
Hannah Warr, MSN, RN, CPHON[♦]
Steven Weitzman, MD (Endocrine Neoplasia and HD)
Mark Zafereo, MD (Head & Neck Surgery)

[♦] Clinical Effectiveness Development Team