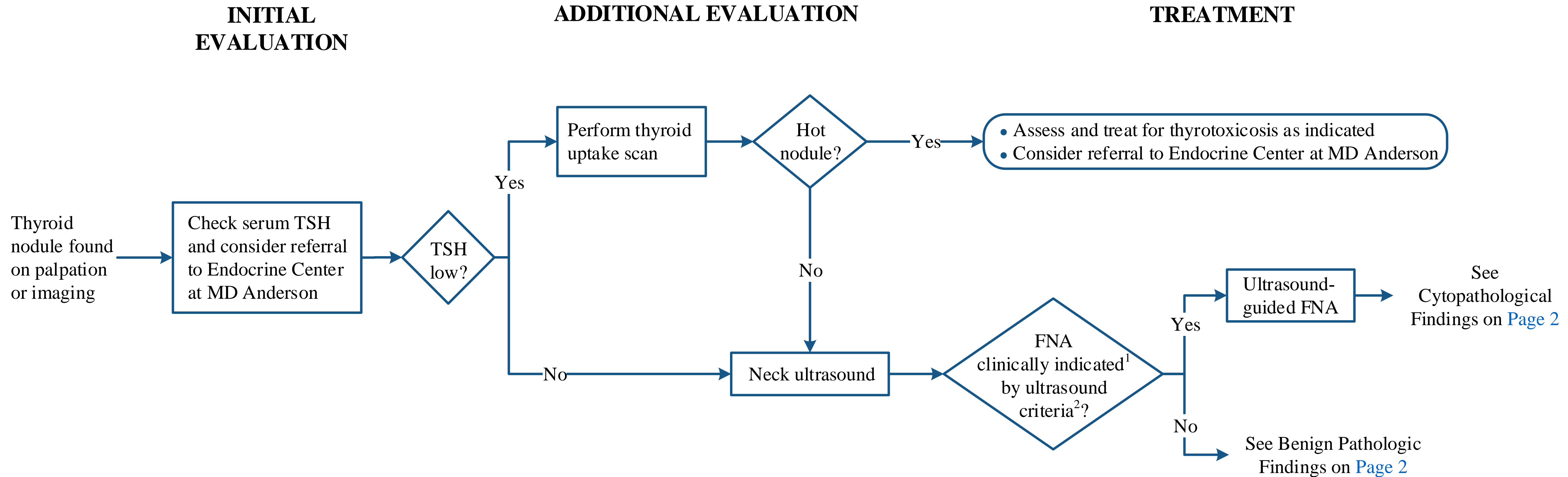
THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

# Thyroid Nodule Evaluation



Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

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




TSH = thyroid stimulating hormone
FNA = fine needle aspiration

[1] Detection of abnormal lymph nodes should lead to FNA of the lymph node as well
[2] Reference the American Thyroid Association (ATA) guidelines

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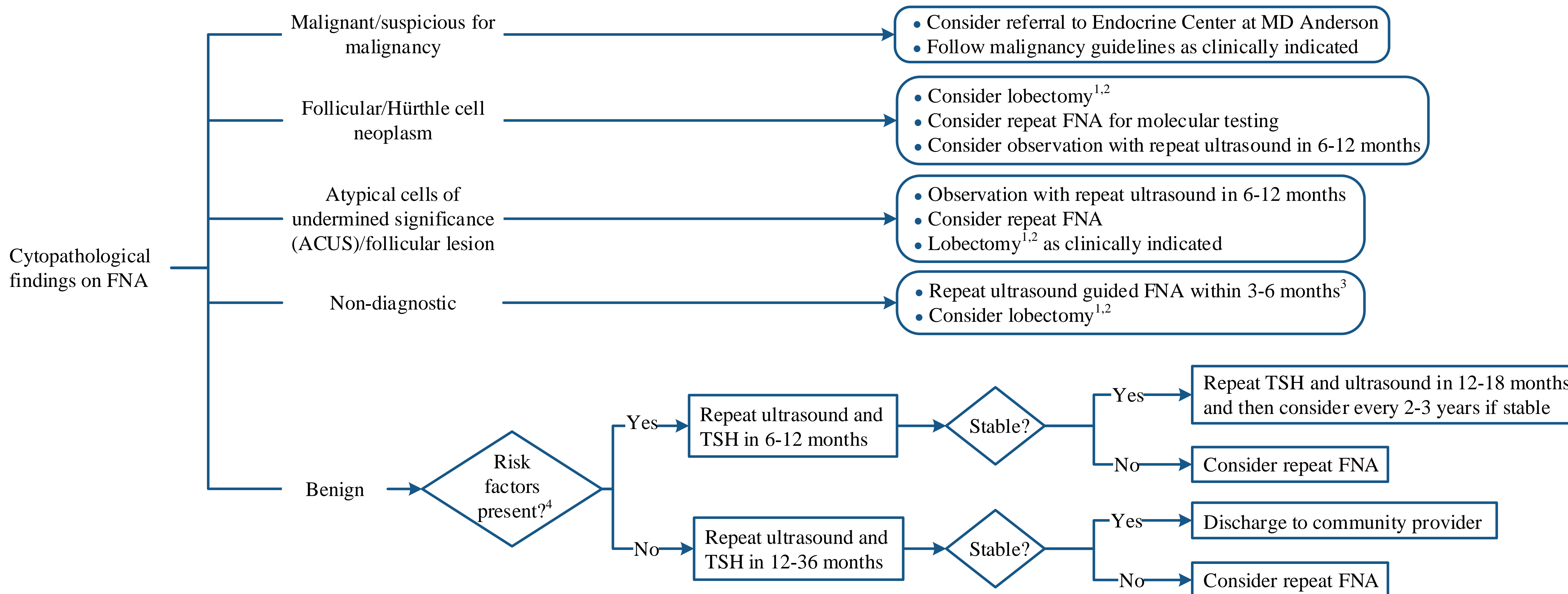


[1] Surgery can be extended to total thyroidectomy for bilateral disease or high risk, which includes family history of thyroid cancer, radiation exposure, unilateral nodule greater than or equal to 4 cm, especially in men, or patient's preference

[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
- History of radiation exposure to the head/neck
- Suspicious ultrasound features
- Childhood cancer survivor
- Familial adenomatous polyposis
- Cowden syndrome

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Department of Clinical Effectiveness V4
Approved by the Executive Committee of the Medical Staff on 01/29/2019

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## DEVELOPMENT CREDITS

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