

JULY EXAM OF FOCUS

THYROID HEAD & NECK PROTOCOL

Happy July!

I will highlight actual protocol changes made below, but I would HIGHLY RECOMMEND you read through the entire protocol this time and not just the changes. I guarantee you that you will see information you did not notice before beyond what I am going to highlight. I also ended up reorganizing some things in hopes to make it easier to navigate.

CHANGES/ADDITIONS:

1. Order of scanning specifications added to intro:
 - Start in a transverse plane for thyroid images.
 - Do all general thyroid images before nodules.
2. This section was added to help identify which 2 nodules to list on report:

SUSPICIOUS NODULES: *Suspicious features are very hypoechoic nodules, irregular spiculated margins, calcifications/echogenic foci, extra thyroidal extension and taller than wide. If multiple nodules with suspicious features, then use the ordering below (if evaluating for the first time – please consult the radiologist for further clarification).*

ORDER OF IMPORTANCE FOR MEASURING NODULES IN DESCENDING ORDER:

 1. Very hypoechoic nodules
 2. Nodules w echogenic foci or calcifications (without comet tail)
 3. Nodules appearing taller-than-wide or with extra thyroidal extension.
 4. Nodules >1cm, predominately solid
 5. Nodules >1.5 cm, mixed solid or cystic
3. These statements were added to the reporting of nodules section:
 - If we have been following more than 2 nodules, continue to do so. The radiologist will determine when to stop reporting these and should be the one to eliminate them from the report.
 - If a new nodule appears more concerning than those reported previously, add it to the report and the radiologist can decide if it should replace one of the others.
4. More and more research is showing that subcentimeter nodules should not be ignored if they are concerning. Catching malignancy early is obviously of benefit so we've added these statements:
 - Sub-centimeter Nodules:
 - Nodules <1cm without concerning characteristics: Include a statement similar to the following: "Sub-centimeter nodule(s) without concerning characteristics are present."
 - Nodules suspicious in appearance <1cm: Include TIRADS for nodules that are under 1cm if they look suspicious for malignancy. Concerning features include - very hypoechoic, irregular margins, internal calcifications or taller-than-wide shape.
 - PET positive nodules have approximately 40% chance of being malignant. Imaging should be reviewed with radiologist, preferably prior to the exam, in order to accurately locate the positive nodule and should always be reported with TIRADS regardless of size or appearance.
5. Most of PAGE 4 is new and should be read regarding TIRADS
 - One big take away is that for the Echogenic Foci TIRADS classification, you should be adding ALL of the characteristics if any are present. For example, if there are macro and micro calcifications, you would add 4 points -1 point for macro and 3 points for micro
 - REFERENCE ACR TIRADS IMAGE ATLAS FOR MORE EXAMPLES & INFORMATION is a great resource that was added. <https://www.acr.org/-/media/ACR/Files/RADS/TI-RADS/ACR-TI-RADS-Atlas.pdf>
 - For level 5 lymph nodes, it is helpful to also include whether it is A (superior) or B (inferior). Level 5 is the area posterior to the sternocleidomastoid muscle

6. Level 5 is the area posterior to the sternocleidomastoid muscle. For level 5 lymph nodes, it is helpful to also include whether it is A (superior) or B (inferior) if an abnormal node is seen in this region.

7. ADDED: If there are multiple abnormal nodes throughout multiple levels of the neck ... include the statement, "Multiple abnormal lymph nodes are seen throughout the neck, The largest in each region of the neck are listed below." Report the following number of nodes: (this excludes pre-thyroidectomy patients):

- -The 2 most suspicious/largest in Level 2/3/4
- -The 1 most suspicious/largest in Level 1/6
- -The 1 most suspicious/largest in Level 5

OTHER REMINDERS:

- USE DUAL SCREEN for your nodule measurements
- REPORT- remember to leave 3 empty lines between each section or when it transfers to EPIC it smashes everything together and it looks sloppy.
- PRINTING - Many of our protocols are long and have a lot of images. Please refer to them online when possible or select only the pages needed to print. This will help to save resources. Many of the large images that may not need to be printed each time.

SUMMARY:

- Start in trans
- Do gland then nodules
- Order of importance for selecting which nodules was added
- Follow all nodules we've reported in past, radiologist will choose when to delete
- If a new more concerning nodule is present, add it and they will decide which to delete
- Measure subcentimeter nodules if present and concerning
- Always TIRADS any PET positive nodule
- For echogenic foci features in TIRADS, all all points together if more than one type
- Good resource: <https://www.acr.org/-/media/ACR/Files/RADS/TI-RADS/ACR-TI-RADS-Atlas.pdf>
- Level 5 is behind sternocleidomastoid muscle, try to label A and B
- Use Dual Screen for nodules
- Remember to leave 3 lines between sections on report so doesn't get smashed together when transfers to EPIC
- Protocols are long, only print what you need. Save trees and ink.