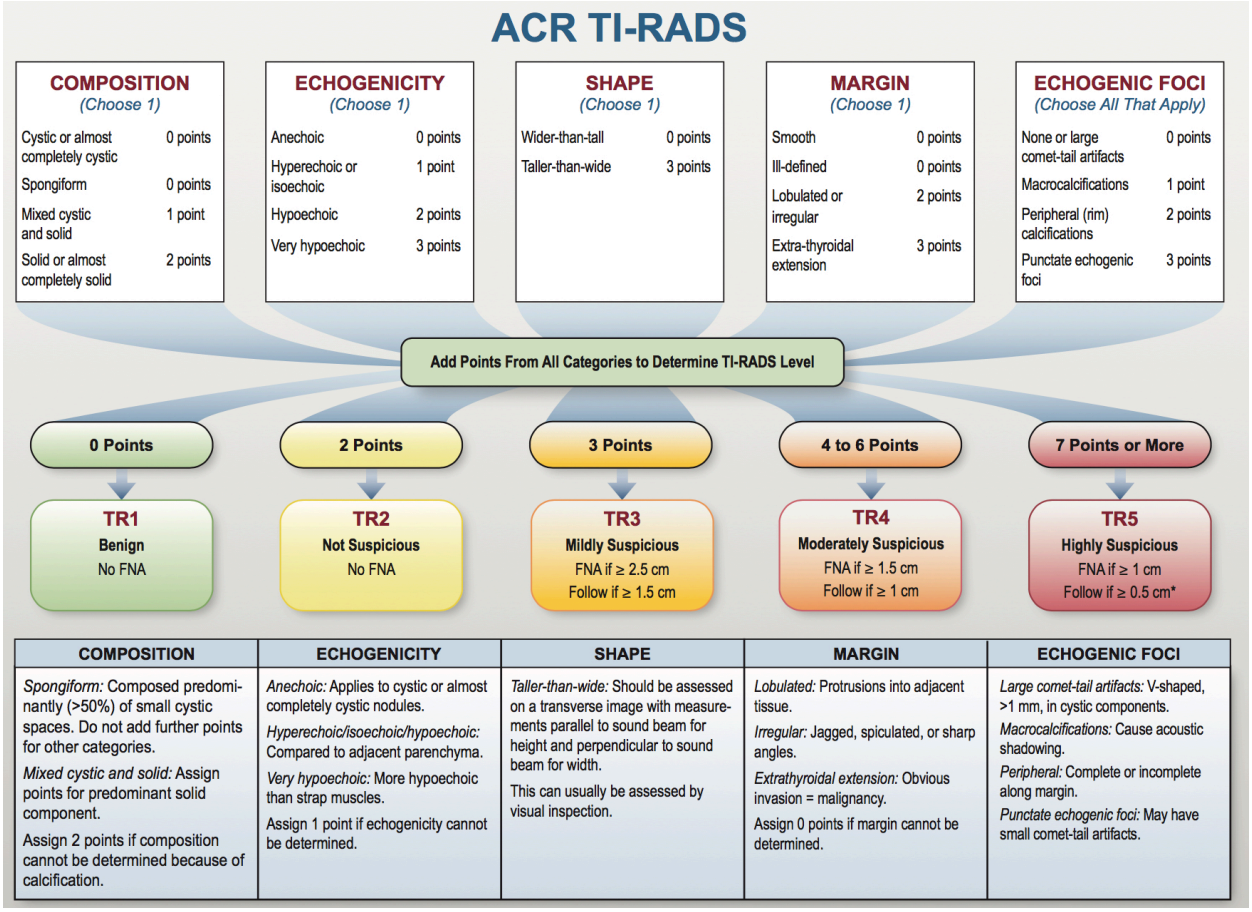
Thyroid Nodule TI-RADS (ACR TI-RADS guidance for management of thyroid nodules based on US.)

Recommendations for when to perform fine needle aspiration (FNA) on thyroid nodules examined on dedicated thyroid ultrasound are found in this module. While multiple organizations and authors have produced their own "Thyroid Reporting and Data System" (TI-RADS) schemes, ACR TI-RADS was approved by the ACR and published in 2017. All thyroid nodules can be characterized in this system, using clearly described ultrasound features, margins and size. It also optimizes sensitivity and specificity, while decreasing the frequency of recommendations for FNA. The paper clearly defines growth criteria, how many nodules should be recorded, followed and biopsied, and establishes specific follow-up regimens.

This module should not be confused with the separate module: "Thyroid Nodule (Guidance for thyroid nodules detected incidentally on CT or MRI"), which specifies when thyroid nodules incidentally identified on other modalities should undergo dedicated thyroid ultrasound.

(Ref: Tessler FN, Middleton WD, Grant EG, et al. ACR Thyroid Imaging, Reporting and Data System (TI-RADS): White Paper of the ACR TI-RADS Committee. J Am Coll Radiol 2017;14:587-595. http://dx.doi.org/10.1016/j.jacr.2017.01.046,)



GROWTH	TIMING OF FOLLOW-UPS	MULTIPLE NODULES
20% increase in 2 dimensions AND minimal increase of 2 mm OR 50% increase in volume	*TR5*: Yearly for 5 years *TR4*: 1, 2, 3, 5 years *TR3*: 1, 3, 5 years *TR level increase*: 1 year	*Measure* up to 4 *Biopsy* up to 2 with highest TR level