

Background

Incidental thyroid nodule (ITNs) are very common on computed tomography (CT). Majority of the ITNs are small and benign. The workup of ITNs is costly and causes patients' anxiety. Incidental thyroid cancers are typically indolent.

ACR Incidental Thyroid Findings Committee described a practical approach to **reduce unnecessary ultrasound workup for clinically insignificant** thyroid nodules and to **ensure proper workup for clinically significant** thyroid nodules.

This is an audit performed on reporting of ITNs detected on CT in a tertiary referral centre, followed by education and reaudit, in order to achieve greater consistency in reporting and management of ITNs.

Methods/Materials

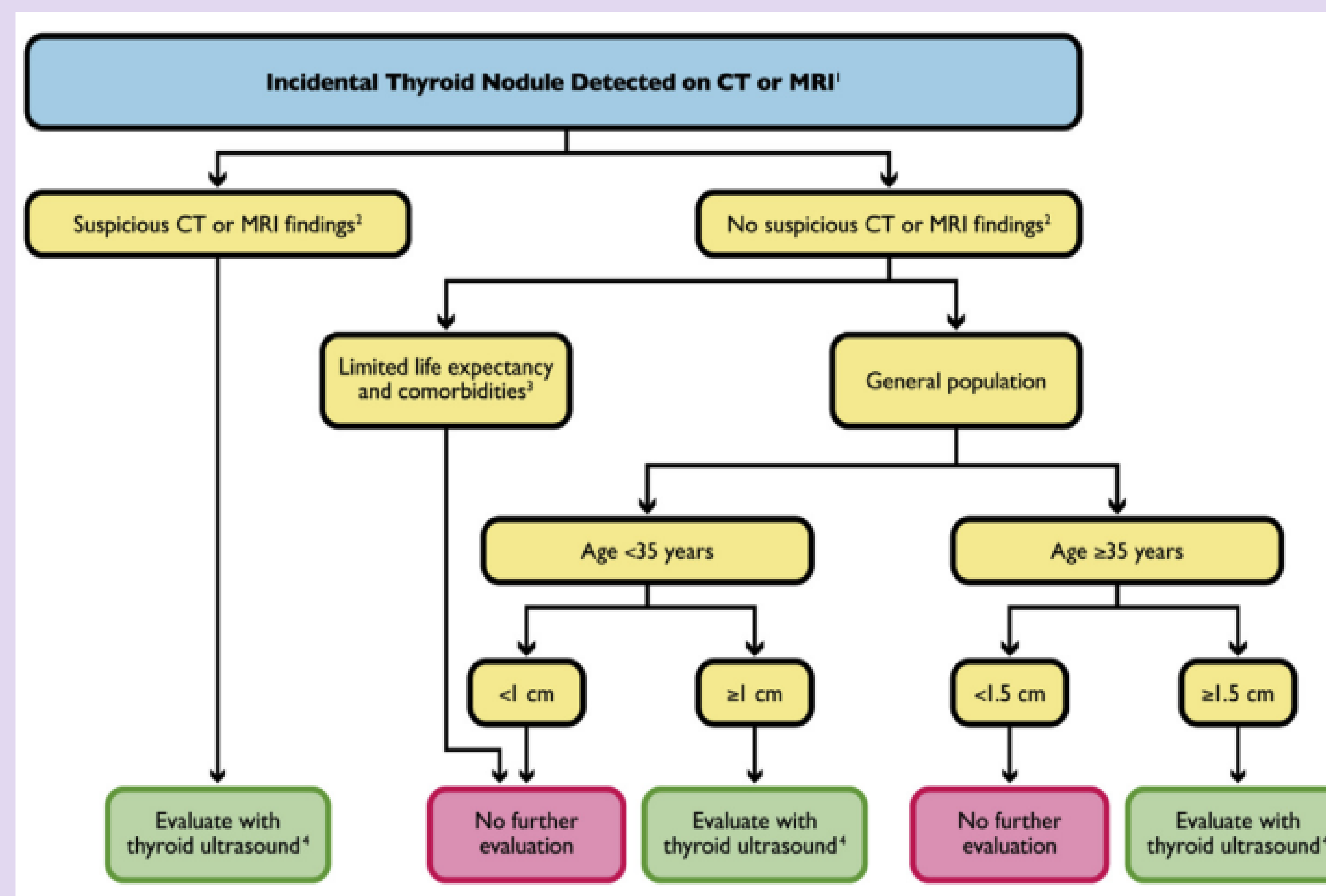
- Retrospective review of consecutive CT reports in RIS
- 1st cycle: 121 cases (Nov to Dec 2021)
- Radiologists received education and advised to report ITNs according to the White Paper and advised to mention the size of ITNs and avoid using ambiguous wordings
- 2nd cycle: 119 cases (July to Aug 2022)

Assessment parameters

Compliance with the ACR White Paper

Audit on reporting of incidental thyroid nodules detected on computed tomography

Implementation of The White Paper of the ACR Incidental Thyroid Findings Committee



Reporting Standard

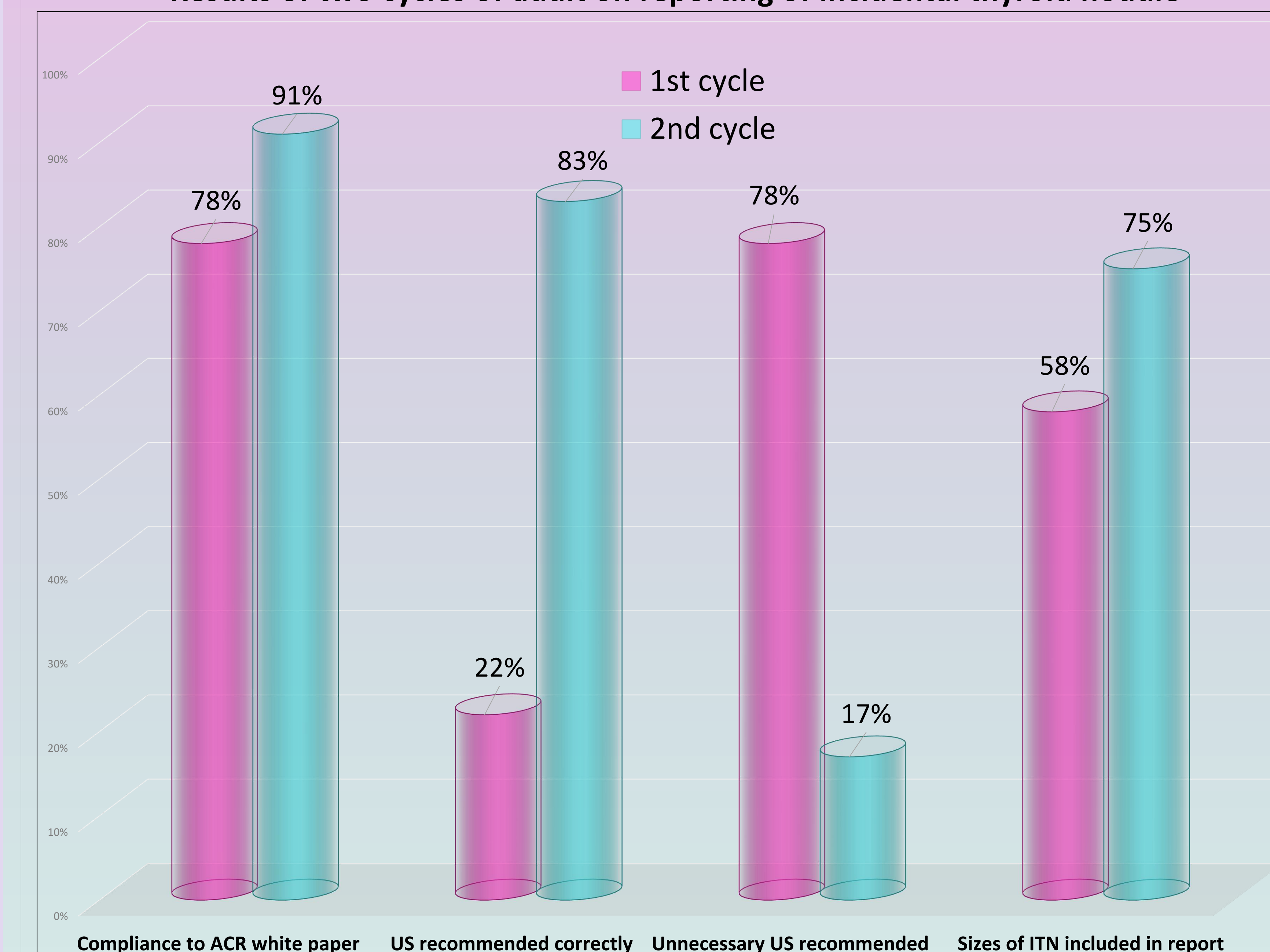
The White Paper of the ACR Incidental Thyroid Findings Committee

An approach for radiologists to distinguish between ITNs that do or do not require dedicated thyroid ultrasound

Three factors to consider

- Age
- Nodule Size
- Comorbidities/Life expectancy

Results of two cycles of audit on reporting of incidental thyroid nodule



Recommendations and Actions

- Feedback and education to individual radiologists who failed to comply to ACR white paper recommendations
- Maintain radiologists' awareness for updated guidelines by conducting regular audits and audit presentations in department
- Earlier ultrasound +/- FNA appointment for indicated cases and review of subsequent ultrasound and pathology.

Conclusions

Our radiologists showed increased awareness of the ACR white paper recommendations for ITNs. Overall compliance to the ACR white paper was improved. Greater consistency in reporting and managing ITNs detected in CT was observed.