



Fig 2. Flowchart for incidental thyroid nodules (ITNs) detected on ¹⁸F-FDG-PET and other nuclear medicine studies. ¹The recommendations are offered as general guidance and do not apply to all patients, such as those with clinical risk factors for thyroid cancer. ²Focal uptake may include one or more sites. Diffuse uptake in the thyroid without a corresponding mass is not considered to be focal. ³Limited life expectancy and comorbidities that increase the risk of treatment or are more likely to cause morbidity and mortality than the thyroid cancer itself, given the nodule size; see text for details. Patients with comorbidities or limited life expectancy should not have further evaluation of the ITN, unless it is warranted clinically, or specifically requested by the patient or referring physician. ⁴Further management of the ITN after thyroid ultrasound should include fine-needle aspiration for PET-avid ITN regardless of the ultrasound findings; see text for details. Avid nodules on other nuclear medicine scans can have ultrasound with the decision to perform FNA based on findings seen on the dedicated thyroid ultrasound.