

Supplementary Materials

Malignancy Analyses of Thyroid Nodules in patients subjected to Surgery with Cytological- and Ultrasound-based Risk Stratification Systems

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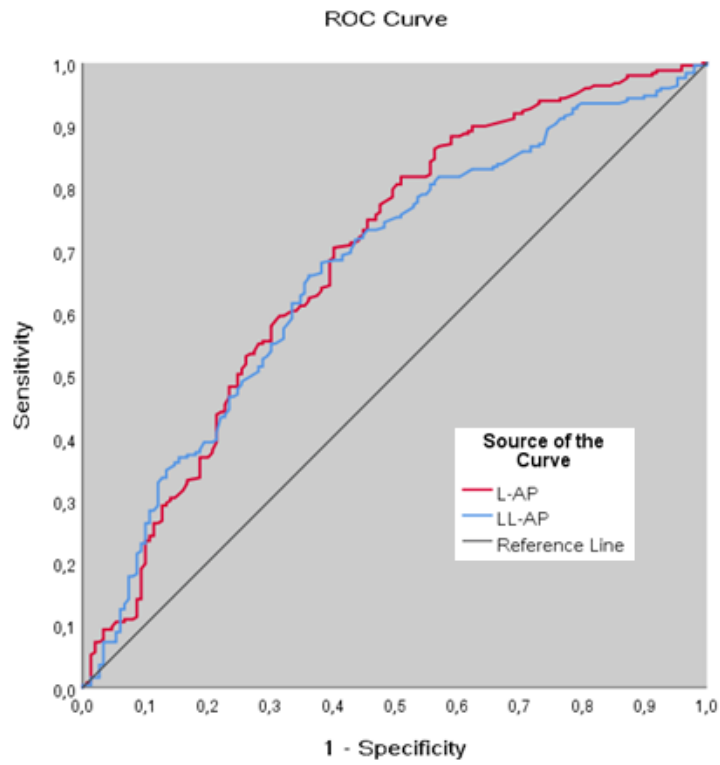
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Table S1. Final histology of thyroid nodules classified as highly suspicious for malignancy, according to US risk stratification systems.

Final histology	High (AACE/ACE/AME)	High suspicion (ATA)	TR5 (ACR-TIRADS)
	N (%)	N (%)	N (%)
Malignant lesions (overall)	102	61	47
PTC	89 (87.3)	55 (90.2)	42 (89.4)
FTC	6 (5.9)	2 (3.3)	1 (2.1)
MTC	5 (4.9)	3 (4.9)	3 (6.4)
HCC	1 (1.0)	0 (0.0)	0 (0.0)
ATC	1 (1.0)	1 (1.6)	1 (2.1)
Lymphoma	1 (1.0)	0 (0)	0 (0)
Benign lesions (overall)	77	33	17
Nodular goiter	44 (57.1)	20 (60.6)	10 (58.8)
Nodular adenomatous hyperplasia	16 (20.8)	6 (18.2)	1 (5.9)
Follicular adenoma	11 (14.3)	5 (15.2)	5 (29.4)
Chronic lymphocytic thyroiditis	5 (6.5)	2 (6.1)	1 (5.9)

US: Ultrasound; AACE/ACE/AME: American Association of Clinical Endocrinologists, American College of Endocrinology and Associazione Medici Endocrinologi; ATA: American Thyroid Association; ACR-TIRADS: American College of Radiology Thyroid Imaging Reporting and Data System; PTC, papillary thyroid carcinoma; FTC, follicular thyroid carcinoma; MTC, medullary thyroid carcinoma; HCC, Hürthle cell carcinoma; ATC, anaplastic thyroid carcinoma.



Test Result Variable(s)	Area	Std. Error ^a	Asymptotic Sig. ^b	Asymptotic 95% Confidence Interval	
				Lower Bound	Upper Bound
L-AP	,687	,028	,000	,631	,742
LL-AP	,668	,028	,000	,612	,723

Figure S1. ROC analyses illustrating the diagnostic abilities of the measured differences between L, LL and AP diameters in discriminating benign thyroid lesions.

ROC, receiver operating curve; L, longitudinal; LL, transverse; AP, anteroposterior.

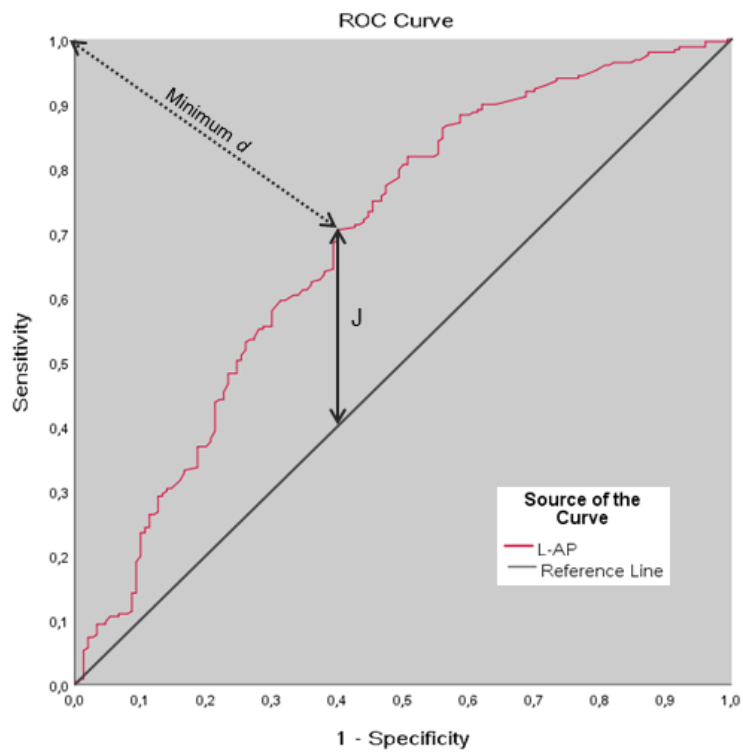


Figure S2. Graphical representation of maximum Youden's index (J) and minimum d denoting the critical cut-off point in discriminating benign thyroid lesions for the measured difference between L and AP diameters.