

Supplementary Appendix 1. Checklist for reporting thyroid nodules and regional lymph nodes on ultrasound.

Name:	Case No:	Date:
History:	DMG:	Age:
Thyroglobulin:	Thyroid scan:	Primary Site of cancer:

	RIGHT	LEFT	Isthmus
Solitary/ Multiple			
Echogenicity			
Hyperechogenicity			
Isoechogenicity			
Hypoechogenicity			
Marked hypoechogenicity			
Morphology			
Spongiform			
Solid			
Predominant Solid			
Predominant Cystic			
Cystic			
Comet Tail artefact			
Margin			
Well defined			
Poorly defined			
Halo			
Calcification			
Microcalcification			
Macrocalcification			
Eggshell calcification			
No calcification			
SIZE of Largest Nodule			
Shape			
Wider than tall			
Taller than wide			
Vascularity			
Peripheral			
Central			
Central + peripheral			
Nodes			
Extrathyroid extension			
RAGO SCORE			
ASTERIA SCORE			
USG Impression			
TIRADS SCORE			
TMC-RSS score			
Additional Imaging (PET/CT/MRI)			
Thyroid Scan			
FNAC Thyroid			
FNAC Node			
Thyroid Surgery			

Supplementary Appendix 2. Synoptic format for reporting thyroid carcinoma on computed tomography.

CARCINOMA THYROID CT IMAGING

Primary Thyroid nodule:

Location: Right lobe/Left lobe/Isthmus

Size:

Enhancement: Homogeneous/Heterogeneous

Calcifications: Absent/Present

If present: microcalcification/ macrocalcification/ eggshell

Cystic / Necrotic change: Absent/Present

Extra-thyroid extension: Absent/Present

If present CT Grade of ETE*:

Mediastinal extension: Absent/Present

Right aberrant subclavian artery: Absent/Present

T STAGE

Strap muscle involvement: yes/No

T-E groove: Not involved/Involved (Status of vocal cords` indirect sign of RLN involvement)

Relationship with trachea(SHIN grade #):

Fat planes with oesophagus: Lost/ maintained. If lost; angle of contact:

Planes with prevertebral fascia: Lost/ maintained

Cricopharynx: Not involved/Involved

Cricoid cartilage: Not involved/Involved

Angle of contact with CCA (<180 / 180-270/>270):

Angle of contact with innominate vessels (<180 / 180-270/>270):

N STAGE:

Laterality- Ipsilateral / contralateral / Bilateral

Compartment: central/ lateral

Node stations:

Right cervical nodes

LEVELS: Level I Level II Level III Level IV Level V Level VI

Size

Supplementary Appendix 2. (Continued)

Calcification

Cystic or necrotic change

Suspicious/ indeterminate/ benign @

Left cervical nodes

LEVELS: Level I Level II Level III Level IV Level V Level VI

Size

Heterogeneity

Calcification

Cystic or necrotic change

Suspicious/ indeterminate/ benign @

Vascular involvement:

CCA abutment: Absent/Present

ICA abutment: Absent/Present

ECA abutment: Absent/Present

If present angle of contact for CCA and ICA: <90, 90 – 179, 180 – 269; >270

Strap muscles involvement: Absent/Present

Prevertebral fascia invasion: Absent/Present

M Stage

Lung nodules: Absent / Present

If present:

solitary/ multiple

location:

Size:

suspicious/ TSTC@/ Benign

Any other metastatic lesion (hepatic, skeletal): Absent / Present

If yes, specify location and size:

(Continued)

Supplementary Appendix 2. (Continued)

Impression:

T stage

N stage

M stage

Specific comments, if any:

@ Follow-up/ image guided FNAC correlation.

*CT ETE grading:

- I, a tumor which was completely enveloped by thyroid parenchyma;
- II, a tumor in which the percentage of the tumor perimeter in contact with the thyroid capsule was 1–25%;
- III, a tumor in which the contact with the capsule was 25–50%;
- IV, a tumor in which the contact with the capsule was >50%

CT Shin grading:

- 0: > 5mm distance between tumor and trachea.
- I: disease abuts external perichondrium.
- II: disease invades into the cartilage +/- destruction.
- III: disease extends into the tracheal mucosa with no elevation/penetration of mucosa.
- IV: disease is full-thickness invasion with expansion of the tracheal mucosa with a bulge