Risk of Structural Disease Recurrence

(In patients without structurally identifiable disease after initial therapy)

High Risk

Gross extrathyroidal extension, incomplete tumor resection, distant metastases, or lymph node >3 cm

Intermediate Risk

Aggressive histology, minor extrathyroidal extension, vascular invasion, or > 5 involved lymph nodes (0.2-3 cm)

Low Risk

Intrathyroidal DTC ≤ 5 LN micrometastases (< 0.2 cm)

FTC, extensive vascular invasion (≈ 30-55%) pT4a gross ETE (≈ 30-40%) pN1 with extranodal extension, >3 LN involved (≈ 40%) PTC, > 1 cm, TERT mutated ± BRAF mutated* (>40%) pN1, any LN > 3 cm ($\approx 30\%$) PTC, extrathyroidal, BRAF mutated*(≈ 10-40%) PTC, vascular invasion (≈ 15-30%) Clinical N1 (≈20%) pN1, > 5 LN involved ($\approx 20\%$) Intrathyroidal PTC, < 4 cm, BRAF mutated* (≈10%) **pT3 minor ETE (≈ 3-8%)** pN1, all LN < 0.2 cm (\approx 5%) pN1, \leq 5 LN involved (\approx 5%) Intrathyroidal PTC, 2-4 cm ($\approx 5\%$) Multifocal PTMC ($\approx 4-6\%$) pN1 without extranodal extension, ≤ 3 LN involved (2%) Minimally invasive FTC (≈ 2-3%) Intrathyroidal, < 4 cm, BRAF wild type* ($\approx 1-2\%$) Intrathyroidal unifocal PTMC, BRAF mutated*, (≈ 1-2%) Intrathyroidal, encapsulated, FV-PTC ($\approx 1-2\%$) Unifocal PTMC (≈ 1-2%)

FIG. 4. Risk of structural disease recurrence in patients without structurally identifiable disease after initial therapy. The risk of structural disease recurrence associated with selected clinico-pathological features are shown as a continuum of risk with percentages (ranges, approximate values) presented to reflect our best estimates based on the published literature reviewed in the text. In the left hand column, the three-tiered risk system proposed as the Modified Initial Risk Stratification System is also presented to demonstrate how the continuum of risk estimates informed our modifications of the 2009 ATA Initial Risk System (see Recommendation 48). *While analysis of *BRAF* and/or *TERT* status is not routinely recommended for initial risk stratification, we have included these findings to assist clinicians in proper risk stratification in cases where this information is available. FTC, follicular thyroid cancer; FV, follicular variant; LN, lymph node; PTMC, papillary thyroid microcarcinoma; PTC, papillary thyroid cancer.