



Guidelines for Primary Imaging Test and Biopsy Methods in the Diagnosis of Thyroid Nodules: Joint Report by the Korean Society of Radiology and National Evidence-Based Healthcare Collaborating Agency

갑상선 결절 진단에 있어 일차적인 영상검사 및 조직검사 방법에 대한 권고안: 대한영상의학회와 한국보건의료연구원 공동보고서

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The publisher and authors would like to draw the reader's attention to an error in the following article: Guidelines for Primary Imaging Test and Biopsy Methods in the Diagnosis of Thyroid Nodules: Joint Report by the Korean Society of Radiology and National Evidence-Based Healthcare Collaborating Agency

On page 5, we have revised "Figure 8" to "We recommend performing FNA for nodule of any size that has suspicious malignant findings if FNA is feasible and nodule is larger than 5 mm in size. For nodule smaller than 5 mm, selective FNA can be done according to patient's risk factors and experience of radiologists. If nodule has indeterminate findings on US and it is larger than 1 cm in diameter, then performing FNA is recommended due to fact that possibility of malignancy cannot be excluded. If nodule has indeterminate findings and it is 1 cm or less in size, then FNA biopsy is not necessary and follow up US would suffice. If benign appearing nodule is larger than 1 cm, then we recommend performing follow-up US in two years and thereafter at 3-5 year intervals. If benign appearing nodule (i.e., spongiform nodule) is larger than 2 cm, then selective FNA biopsy can be done. Neither FNA nor follow up US is necessary for spongiform nodule and benign appearing nodule 1 cm or less in diameter."