Supplementary Table S6. Survey regarding diagnosis of follicular neoplasms in fine needle aspiration cytology in each institute

Questionnaire	No. (%)
Q1. Most important cytologic features in diagnosing follicular neoplasms?	
Predominant microfollicles	9 (100.0)
Significant architectural alteration (crowding and overlapping)	7 (77.8)
Moderate to marked cellularity	6 (66.7)
Dispersed cell pattern	1 (11.1)
Other[a]	1 (11.1)
Q2. Common reasons for under-diagnosis of follicular neoplasms in fine needle aspiration cytology?	
Low cellularity	9 (100.0)
Mixed micro and macrofollicular architecture	8 (99.9)
Background thin colloid	8 (99.9)
Background cystic change	6 (66.7)
Q3. Common reasons for mis-diagnosis of follicular neoplasms as papillary thyroid carcinomas?	
Nuclear enlargement and grooves	9 (100.0)
Intranuclear pseudoinclusion	8 (99.9)
Architectural alteration mimicking papillary structure	5 (55.6)
Other[b]	1 (11.1)
Q4. What is the management of thyroid nodule diagnosed as diagnostic category IV (SFN) in your institute?	
Diagnostic lobectomy after considering other clinical features	6 (66.7)
Diagnostic lobectomy without any special consideration	3 (33.3)

SFN, suspicious for a follicular neoplasm.
[a]Absence or scant colloid; [b]Nuclear clearing.