

SUPPLEMENTARY DATA

SUPPLEMENTARY TABLE S1. HISTOLOGICAL DIAGNOSES AMONG BETHESDA CATEGORIES AND SONOGRAPHIC PATTERNS (N [%]; TABLE OF FIG. 2A AND B)

<i>Histological diagnosis</i>	<i>HP/AN/CLT</i> 122 (26)	<i>Adenoma</i>		<i>NIFTP</i> 48 (10)	<i>FVPTC</i> 31 (7)	<i>Other PTC</i> 26 (6)	<i>FTC/HCC</i> 15 (3)	<i>Other cancer^b</i> 6 (1)
		<i>[FA/HCA] 215</i> [133/81] (46) ^a						
AUS/FLUS (<i>n</i> =176)	70 (40)	61 [48/13] (35)		14 (8)	9 (5)	14 (8)	4 (2)	4 (2)
FN/HCN (<i>n</i> =287)	52 (18)	154 [85/68] (54) ^a		34 (12)	22 (8)	12 (4)	11 (4)	2 (1)
Very low (<i>n</i> =25)	13 (52)	12 [6/6] (48)		0	0	0	0	0
Low (<i>n</i> =159)	50 (31)	77 [51/26] (48)		15 (9)	11 (7)	3 (2)	3 (2)	0
Intermediate (<i>n</i> =74)	19 (26)	42 [24/18] (57)		5 (7)	3 (4)	4 (5)	1 (1)	0
Non-ATA (<i>n</i> =169)	36 (21)	72 [46/26] (43)		25 (15)	17 (10)	6 (4)	9 (5)	4 (2)
High (<i>n</i> =36)	4 (11)	12 [6/6] (33) ^a		3 (8)	0	13 (36)	2 (6)	2 (6)

Due to small cell counts, to compare the distribution of the histological diagnoses, NIFTPs and FVPTCs were collapsed into one group, and all other invasive cancers were collapsed into another group. Differences between AUS/FLUS and FN/HCN were statistically significant ($p < 0.001$). The distribution of histological diagnoses between sonographic patterns was also significantly different ($p < 0.001$ with Fisher's exact test for count data, with simulated p -value based on 2000 replicates). The low and intermediate suspicion patterns were collapsed into a single group for this analysis.

^aIncludes one intrathyroidal parathyroid adenoma.

^bIncludes two parathyroid carcinomas, three medullary thyroid carcinomas, and one poorly differentiated thyroid carcinoma.

AUS/FLUS, atypia/follicular lesion of undetermined significance; FA/HCA, follicular/Hürthle cell adenoma; FN/HCN, follicular/Hürthle cell neoplasm; FTC/HCC, follicular thyroid carcinoma/Hürthle cell carcinoma; FVPTC, follicular variant of papillary thyroid carcinoma; HP/AN/CLT, hyperplastic/adenomatous nodule or chronic lymphocytic thyroiditis; NIFTP, noninvasive follicular thyroid neoplasm with papillary-like nuclear features; Non-ATA, see description in methods section; Other PTC, other variants of papillary thyroid carcinoma different from FVPTC.