Supplementary Table 6. Diagnostic performance of each US RSS for indeterminate nodules (accuracy)

<table>
<thead>
<tr>
<th></th>
<th>Intermediate to high risk as positive</th>
<th>High risk as positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR</td>
<td>0.53 (0.51–0.55)</td>
<td>0.76 (0.74–0.77)</td>
</tr>
<tr>
<td>ATA</td>
<td>0.64 (0.62–0.66)</td>
<td>0.79 (0.77–0.80)</td>
</tr>
<tr>
<td>EU</td>
<td>0.60 (0.56–0.63)</td>
<td>0.70 (0.68–0.73)</td>
</tr>
<tr>
<td>K</td>
<td>0.64 (0.62–0.66)</td>
<td>0.79 (0.77–0.80)</td>
</tr>
<tr>
<td>Kwak et al.</td>
<td>0.50 (0.41–0.59)</td>
<td>0.69 (0.67–0.71)</td>
</tr>
<tr>
<td>Overall</td>
<td>0.58 (0.54–0.62)</td>
<td>0.75 (0.73–0.76)</td>
</tr>
</tbody>
</table>

US RSS, ultrasound risk stratification systems; CrI, credible interval; ACR, American College of Radiology; ATA, American Thyroid Association; EU, European Thyroid Association; K, Korean Society of Thyroid Radiology.

References

13. Koh J, Kim EK, Kwak JY, Yoon JH, Moon HJ. Repeat fine-needle aspiration can be performed at 6 months or more after initial atypia of undetermined significance or follicular lesion of undetermined significance results for thyroid nodules 10 mm or larger. Eur Radiol 2016;26:4442-4448.