Supplementary Data 1. Postoperative surveillance.

For postoperative surveillance, neck ultrasonography, chest radiography, and blood tests for serum thyroglobulin (Tg), anti-Tg antibody, thyroid-stimulating hormone, and free thyroxine (T_4) were recommended annually. Chest computed tomography (CT), whole-body bone scan, iodine-131 whole-body scintigraphy, and/or fluorodeoxyglucose positron emission tomography (PET)/CT were selectively performed in patients who were suspected of recurrence.

No clinical evidence of recurrence was defined as the absence of structural evidence (no morphological evidence of disease at imaging study and no proven disease by cytology or pathology), biochemical evidence (suppressed Tg <1 ng/mL, stimulated Tg <2 ng/mL, and no detectable anti-Tg antibody), or functional evidence of disease (no abnormal findings for iodine-131 whole-body scintigraphy or PET/CT) [1]. Recurrence was defined as newly detected structural, biochemical, or functional evidence of disease during the follow-up period after any period without evidence of disease. Distant metastasis was defined as newly developed structural evidence of disease in distant organs during the follow-up period.

Reference

1. Yoon JH, Lee HS, Kim EK, Moon HJ, Kwak JY. Malignancy risk stratification of thyroid nodules: comparison between the Thyroid Imaging Reporting and Data System and the 2014 American Thyroid Association management guidelines. Radiology 2016;278:917-924.