The UW Health Endocrine Surgery Program has been providing nationally recognized care and innovative services to its patients for more than a decade. Our surgeons have performed thousands of endocrine operations to treat multiple parathyroid, thyroid and adrenal conditions.

To refer a patient, please call (608) 440-6300. Enter “Consult for Endocrine Surgery” in Health Link.

**UW Health at The American Center**
Endocrine Surgery Clinic
4602 Eastpark Blvd.
Madison, WI 53718

**1 S. Park Clinic**
General Surgery Clinic
1 S. Park St.
Madison, WI 53715

**SwedishAmerican Renaissance Pavilion**
UW Health Surgery at SwedishAmerican
1340 Charles St.
Rockford, IL 61104

For more information, visit uwhealth.org/endocrinesurgery
Evaluating Thyroid, Parathyroid and Adrenal Conditions

**EVALUATING A NEW THYROID NODULE**

1. **Perform an H&P**: 
   - Compressive symptoms* 
   - Complaints of hyperparathyroidism 
   - Risk factors for cancer**

2. **Order a neck ultrasound**
   - Check free T3 and T4, TRAb
   - Order a 25-OH Vitamin D level
   - Check 24-hour urinary calcium
   - Check a PTH level

3. **Repeat imaging and functional work-up in 1 year**

4. **Non-diagnostic**
   - (Not enough material to evaluate)

5. **Biopsy**
   - Papillary thyroid cancer
   - Medullary thyroid cancer
   - Anaplastic thyroid cancer

6. **Suspicious/Indeterminate**
   -Suspicious for PTC
   - Follicular/Hurthle cell neoplasm
   - Follicular variant of undetermined significance (FLUS)
   - Atypia of undetermined significance (AUS)

7. **Suspicious for FTC**
   - Follicular/suspicious of malignancy
   - Atypical follicular lesion
   - Follicular neoplasm

8. **Suspicious for MTC**
   - Malignant
   - Follicular/suspicious of malignancy
   - Malignant calcification

9. **Simple goiter**
   - Non-diagnostic
   - Repeat biopsy using US in 4–6 weeks (may help to differentiate between benign and malignant)
   - Repeat biopsy using US in 12–18 mo

10. **Non-diagnostic**
    - Repeat biopsy using US in 4–6 weeks (may help to differentiate between benign and malignant)
    - Repeat biopsy using US in 12–18 mo

11. **Biopsy**
    - Papillary thyroid cancer
    - Medullary thyroid cancer
    - Anaplastic thyroid cancer

12. **Biopsy**
    - Suspicious for PTC
    - Follicular/suspicious of malignancy
    - Atypical follicular lesion
    - Follicular neoplasm

13. **Suspicious for FTC**
    - Malignant
    - Follicular/suspicious of malignancy
    - Malignant calcification

14. **Simple goiter**
    - Non-diagnostic
    - Repeat biopsy using US in 4–6 weeks (may help to differentiate between benign and malignant)
    - Repeat biopsy using US in 12–18 mo

**PRIMARY HYPERPARATHYROIDISM DIAGNOSTIC TOOL**

- Vitamin D Deficiency (<30 ng/mL)
  - Supplement Vitamin D and recheck labs
- Vitamin D Sufficient (≥30 ng/mL)
  - Calcium doesn’t rise and PTH normalizes

**ADRENAL INCIDENTALOMA DIAGNOSTIC TOOL**

- Adrenal mass identified on imaging
  - K+ (including risk appropriate cancer screening)
  - Functional work-up
  - Cancer evaluation

**FUNCTIONAL**

- <10 HU or >50% contrast washout or <4 cm on CT
  - Likely benign
  - Repeat imaging and functional work-up in 1 year

- >10 HU or ≤50% contrast washout or ≥4 cm on CT
  - Concerning imaging features
  - Referral to Endocrinology or Endocrine Surgery

**NON-FUNCTIONAL**

- Evaluate imaging characteristics
  - Phaeochromocytoma (all pts)
    - Plasma metanephrines OR
    - 24-hr urinary metanephrines
  - Hypercortisolism (all pts)
    - 1 mg dexamethasone suppression test
    - 24-hr urinary cortisol
    - Midnight salivary cortisol X2
  - Hyperaldosteronism (if HTN present)
    - Serum K+
    - Aldosterone and renin levels

**To refer a patient to Endocrine Surgery, call (608) 440-6300**