<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
</tr>
</thead>
</table>
| THYR-3 & THYR-4  
Internal request:  
Panel comment to revise the molecular diagnostics statement to “Consider molecular diagnostics” for AUS/FLUS and follicular neoplasms only. | Panel consensus supported revising the statement: Consider molecular diagnostics for both AUS/FLUS and follicular neoplasm. This option was changed to category 2A recommendation. A footnote was added to specify that molecular diagnostics are not recommended for Hürthle cell neoplasm. | YES  
NO  
ABSTAIN  
ABSENT |
|                            |                                                                                                                                                                                                                           | 14  
0  
0  
16 |