Figure. Screening for Thyroid Cancer: Clinical Summary

Population	**Asymptomatic adults**
Recommendation	**Do not screen for thyroid cancer.** **Grade: D**

Risk Assessment	Factors that substantially increase the risk for thyroid cancer include a history of radiation exposure to the head and neck as a child, exposure to radioactive fallout, family history of thyroid cancer in a first-degree relative, and certain genetic conditions, such as familial medullary thyroid cancer or multiple endocrine neoplasia syndrome (type 2A or 2B).
Screening Tests	Evidence is inadequate to estimate the accuracy of neck palpation or ultrasound of the thyroid as screening tests for thyroid cancer in asymptomatic persons.
Treatment	Surgery (ie, total or partial thyroidectomy, with or without lymphadenectomy) is the main treatment for thyroid cancer. Additional treatment, including radioactive iodine therapy, may be indicated, depending on postoperative disease status, tumor stage, and type of thyroid cancer. External-beam radiation therapy and chemotherapy are not generally used to treat early-stage, differentiated thyroid cancer.
Balance of Benefits and Harms	The USPSTF concludes with moderate certainty that screening for thyroid cancer in asymptomatic persons results in harms that outweigh the benefits.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to https://www.uspreventiveservicestaskforce.org.