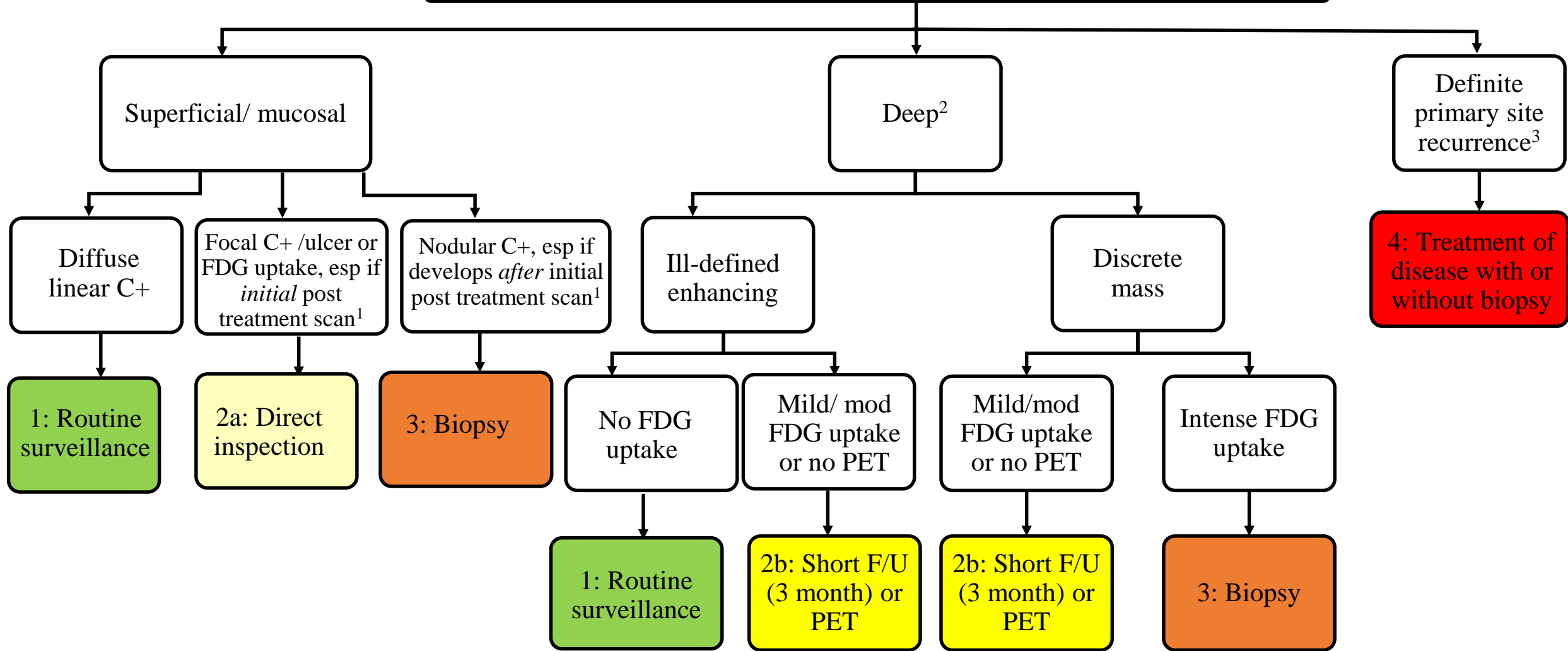


NI-RADS Primary Site Category and Management

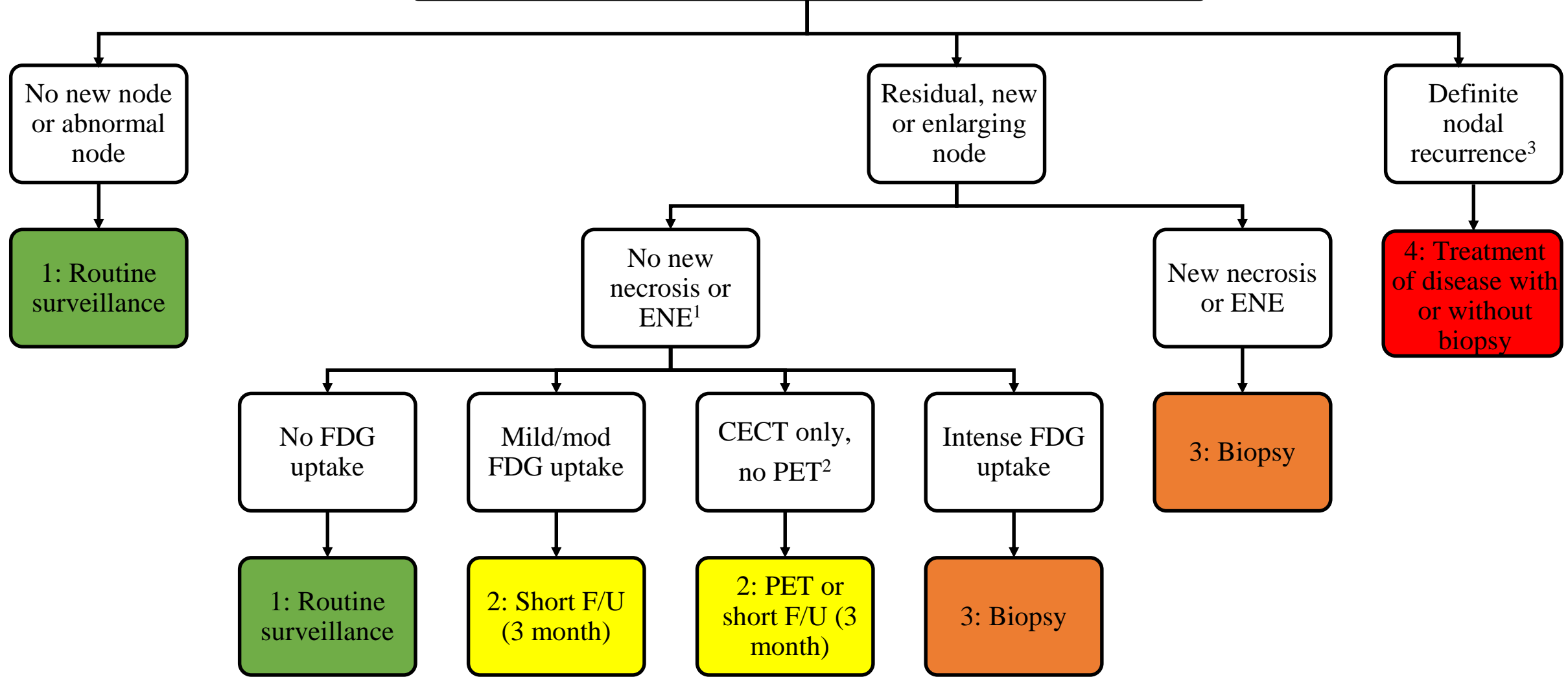


¹ Most mucosal abnormalities are assigned a NI-RADS 2a category as the surgeons or oncologists can best assess the mucosal surfaces and focal mucosal abnormalities have a high likelihood of being treatment related on the initial post-treatment scan. However, more mass-like mucosal or very superficial submucosal abnormalities can be upgraded to a NI-RADS 3, especially if they develop after the post treatment baseline study.

² Outside of the post-treatment baseline study, surveillance may be done with a CECT or MRI without a PET. Recommendation for PET may be NI-RADS 2 management.

³ Based on pathologic confirmation or definitive radiologic progression. Biopsies may be needed so that patients can enroll in a trial or otherwise continue with treatment.

NI-RADS Neck Nodes Category and Management



¹ Treated pathologic nodes can have central low density/rim enhancement/necrosis, and are scored NI-RADS 1 if there is no FDG uptake.

² Newly enlarging node on a CECT alone, without definite morphologically abnormal features, could be given a NI-RADS 2 with recommendation for PET. FDG activity can be used to downgrade to NI-RADS 1 or upgrade to NI-RADS 3.

³ Based on pathologic confirmation or definitive radiologic progression. Biopsies may be needed so that patients can enroll in a trial or otherwise continue with treatment.