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.

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.

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.
Mild/mod FDG uptake

1: Routine surveillance

1: Routine surveillance

2: Short F/U (3 month)

2: PET or short F/U (3 month)

3: Biopsy

3: Biopsy

New necrosis or ENE

Definite nodal recurrence

4: Treatment of disease with or without biopsy

Residual, new or enlarging node

No new necrosis or ENE

No new node or abnormal node

No FDG uptake

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

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.

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.